

<b>Case Number:</b>	CM15-0052876		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	04/27/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 33-year-old male, with a reported date of injury of 04/27/2013. The diagnoses include status post right foot crush injury with avulsion fracture of the navicular with subsequent infection, rule out reflex sympathetic dystrophy versus neurologic damage, sural neuropathy, and plantar fasciitis. Treatments to date included physical therapy, an MRI of the right foot, electrodiagnostic studies, and oral medications. The progress report dated 01/21/2015 indicates that the injured worker complained of right ankle/foot pain. He rated the pain 6 out of 10. The objective findings include tenderness to palpation of the right ankle, restricted right ankle range of motion, tenderness to palpation of the right foot, and no changes on the neurocirculatory examination. The treating physician requested four sessions of extra corporeal shock wave therapy for the right foot.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**4 Sessions ECSWT of the right foot once a week: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, Chronic Pain Treatment Guidelines Page(s): 43, 78, 98-99 and 111-113, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 368, 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, Plantar Fasciitis.

**Decision rationale:** Regarding the request for ESWT for the ankle, Occupational Medicine Practice Guidelines recommend the use of ESWT as an optional treatment for plantar fasciitis. ODG states that low energy ESWT is recommended as an option for chronic plantar fasciitis. The criteria include heel pain from plantar fasciitis that has lasted for at least 6 months with failure of at least 3 conservative treatment measures. They recommend a maximum of 3 therapy sessions over 3 weeks. Within the documentation available for review, there is no indication that the patient has plantar fasciitis as a consequence of the original industrial injury. Several submitted progress notes from 2014 failed to identify plantar fasciitis as an industrial diagnosis at that time. It was only later documented in a note from January 2015. This issue must first be clarified, and if there is a dispute an AME can assess causation and apportionment. As such, the currently requested ESWT is not medically necessary.