

<b>Case Number:</b>	CM15-0057335		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 30 year old male, who sustained an industrial injury on 5/16/13. He has reported pain in the right heel after working on his feet for long periods of time. The diagnoses have included plantar fasciitis with associated heel spur. Treatment to date has included ice, anti-inflammatory medications, cam walk boot, injections, custom orthotics, night splints, and physical therapy. The Diagnostic ultrasound done 1/23/14 was abnormal. The x-rays of the right foot were done on 5/23/13. As per the physician medical evaluation note dated 1/23/14, the injured worker complains of right foot pain in the plantar heel. Physical exam revealed that he ambulated with moderate pronation during the mid foot strike, the foot stays pronated during mid foot propulsion and early heel off eversion of the ankle joint was noted. The ankle joint range of motion was dorsiflexion only bilaterally. There was pain to palpation on the plantar aspect of the right foot at the proximal fascia. The physician noted that the injured worker remains symptomatic despite conservative treatment and injections. The physician requested treatment included Low Impact Shockwave #5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Low Impact Shockwave #5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Chapter.

**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 low impact shockwave #5, 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 planter 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, the patient has plantar fasciitis and has failed extensive conservative treatment. However, the request for 5 sessions exceeds the recommendations of the guidelines and, unfortunately, there is no provision for modification of the current request. In light of the above issue, the currently requested low impact shockwave #5 is not medically necessary.