

<b>Case Number:</b>	CM15-0057911		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	10/27/2012
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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

### 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 51-year-old female who sustained an industrial injury on 10/27/12. The injured worker reported symptoms in the back, lower extremities and headaches. The injured worker was diagnosed as having lumbar discopathy, cervical strain/sprain with discopathy and plantar fasciitis. Treatments to date have included oral pain medication, epidural steroid injection, and topical rubs. Currently, the injured worker complains of back pain, lower extremities and headaches. The plan of care was for Extracorporeal Shockwave Therapy and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **4 High and/or Low Energy Extracorporeal Shockwave Therapy Treatments for the Bilateral Feet: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235. Decision based on Non-MTUS Citation Official disability

guidelines Ankle & Foot (Acute & Chronic) Chapter, under Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** Based on the 03/05/15 report, the patient presents with back pain, lower extremities and headaches. The request is for 4 HIGH AND/OR LOW ENERGY EXTRACORPOREAL SHOCKWAVE THERAPY TREATMENTS FOR THE BILATERAL FEET. There is no RFA provided and the patient's date of injury is 10/27/12. Diagnoses includes lumbar discopathy, cervical strain/sprain with discopathy and bilateral plantar fasciitis. Per 03/05/15 report, physical examination revealed slightly diminished reflexes at the right achilles and present at both patellae. Sensory exam showed diminished sensation to touch at the right L4 and L5 nerve root distributions. Treatments to date have included oral pain medication, epidural steroid injection and topical rubs. The patient is working on modified duty. The ACOEM Guidelines page 235 states the following regarding extracorporeal shockwave therapy, "Published randomized clinical trials are needed to provide better evidence for the use of many physical therapy modalities that are commonly employed. Some therapists use a variety of procedures. Conclusions regarding their effectiveness may be based on anecdotal reports or case studies. Included among these modalities is extracorporeal shockwave therapy (ESWT)." ODG-TWC, Ankle & Foot (Acute & Chronic) Chapter, under extracorporeal shock wave therapy (ESWT) states: "Not recommended using high energy ESWT. Recommended using low energy ESWT as an option for chronic plantar fasciitis, where the latest studies show better outcomes without the need for anesthesia." In this case, the requesting report was not provided for review. ODG recommends "using low energy ESWT as an option for chronic plantar fasciitis, where the latest studies show better outcomes without the need for anesthesia." The patient has a diagnosis of bilateral plantar fasciitis. Given the patient's diagnosis and failure of conservative care, the request for LOW energy ESWT would be appropriate but not the HIGH energy. The request is asking for AND/OR which is not supported by the guidelines. The request IS NOT medically necessary.