MAXIMUS Federal Services

Case Number:	CM15-0088383		
Date Assigned:	05/12/2015	Date of Injury:	02/24/2012
Decision Date:	06/15/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/07/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

This is a 36-year-old female patient, who sustained an industrial injury on February 24, 2012. The diagnoses include metatarsalgia and plantar fasciitis. Per the progress note dated October 23, 2014 she had complains of bilateral foot pain. She reports her major complaint was plantar fasciitis and that her 2nd metatarsophalangeal joint pain was diminished. Physical exam noted no lower extremity edema, erythema or ecchymosis; normal pedal pulses; the 2nd metatarso-phalangeal joint non tender and very slight plantar fascia; tenderness of the plantar fascia within the arches. The current medications list is not specified in the records provided. Treatment and diagnostic studies to date have included physical therapy and orthotics. There is a request for Low Intensity Extracorporeal Shock Wave Therapy bilateral second metatarsophalangeal joint for 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Low Intensity Extracorporeal Shock Wave Therapy bilateral second metatarsophalangeal joint; 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Chapter, Extracorporeal shock wave therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: Per the cited guidelines "Limited evidence exists regarding extracorporeal shock wave therapy (ESWT) in treating plantar fasciitis to reduce pain and improve function. While it appears to be safe, there is disagreement as to its efficacy. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy." Per the cited guidelines, there is no high grade scientific evidence to support the use of extracorporeal shockwave treatment for this diagnosis. The records provided do not specify a response to conservative measures including physical therapy and medications for this diagnosis. The previous physical therapy visit notes are not specified in the records provided. The medical necessity of Low Intensity Extracorporeal Shock Wave Therapy bilateral second metatarso-phalangeal joint; 6 sessions is not fully established in this patient.