

Case Number:	CM14-0094052		
Date Assigned:	07/25/2014	Date of Injury:	02/20/2009
Decision Date:	09/18/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/20/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

There were 402 pages provided for review. The item that was denied or modified on the application for independent medical review was the extracorporeal shockwave therapy to both feet. The form was signed on June 17, 2014. Per the records provided, the claimant was described as a 44-year-old employee who was hit from behind by a pallet injuring both heels in 2009. The patient was last seen on May 21, 2014. It was a handwritten note that was difficult to decipher. There was a 30% decrease in left ankle pain after an injection done in March 2014 but the pain continued. The neurologic exam was abnormal with diminished reflexes, abnormal turgor and tone. The hammer toes plantar fascia was tender to palpation and there was swelling present. No frequency or duration for the shockwave therapy was mentioned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Extracorporeall Shockwave Therapy (ESWT) for the Bilateral Feet, no Duration/Frequency Indicated: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for use of Extracorporeal Shock Wave Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, under Electro Shock Wave Therapy.

Decision rationale: The MTUS is silent on this procedure for the foot and ankle. The ODG notes that at least three conservative treatments must have been performed prior to use of ElectroShock Wave Therapy (ESWT). These would include: (a) Rest; (b) Ice; (c) NSAIDs; (d) Orthotics; (e) Physical Therapy; (e) Injections (Cortisone). The procedure cannot be used in patients who had physical or occupational therapy within the past 4 weeks; patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; or patients who had previous surgery for the condition. This claimant fails several of these criteria; the request is not medically necessary.