

<b>Case Number:</b>	CM14-0099853		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/08/2013
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The records, presented for review, indicate that this 35-year-old female was reportedly injured on September 8, 2013. The mechanism of injury was stated to be falling through a rotten deck. The most recent progress note, dated July 25, 2014, indicated that there were ongoing complaints of ankle pain. Pain was rated at 6/10 with weight bearing. The physical examination demonstrated pain over the plantar calcaneus and the medial arch of the left foot. Examination of the right foot indicated tenderness along the distal Achilles tendon and over the plantar calcaneus. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included immobilization, night splinting, corticosteroid injections, stretching, shockwave therapy for the plantar fascia, and oral medications. A request had been made for left ankle shockwave therapy for the plantar fascia and was not certified in the pre-authorization process on June 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left ankle shockwave therapy plantar fascia:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, extracorporeal shockwave 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, Extracorporeal Shock Wave Therapy, Updated July 29, 2014.

**Decision rationale:** According to the Official Disability Guidelines, only low energy shockwave therapy is recommended for treatment of plantar fasciitis. The criteria for extracorporeal shock wave therapy for plantar fasciitis includes a history of at least three conservative treatments including rest, ice, NSAIDs, orthotics, physical therapy, and injections. The injured employee was stated to have failed these conservative measures. However this request does not specify the type of extracorporeal shockwave therapy desired. As such, this request for left ankle shockwave therapy for the plantar fascia is not medically necessary.