

<b>Case Number:</b>	CM14-0196063		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	04/24/2014
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for ankle and foot pain reportedly associated with an industrial injury of April 24, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; topical compounds; extracorporeal shockwave therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 30, 2014, the claims administrator approved a request for Motrin while denying a request for extracorporeal shockwave therapy and a topical compounded Fluriflex agent. The claims administrator stated that its decision was based on an RFA form dated October 21, 2014. The applicant's attorney subsequently appealed. The applicant apparently received extracorporeal shockwave therapy on October 7, 2014 for a reported diagnosis of right ankle tenosynovitis. It was stated that the applicant had failed medications, physical therapy, manipulative therapy, and injection therapy and extracorporeal shockwave therapy was therefore being performed owing to failure of first-line treatment. In a September 7, 2014 progress note, the applicant reported ongoing complaints of foot and ankle pain, 4-5/10. The applicant exhibited tenderness and limited range of motion of the foot and ankle. The applicant was asked to obtain an additional 12 sessions of physical therapy. Fluriflex and Motrin were endorsed while the applicant was placed off of work, on total temporary disability. Four sessions of extracorporeal shockwave therapy for the ankle were sought. The applicant was given diagnoses of ankle strain, ankle sprain, synovitis, and ankle effusion. The applicant reportedly had tenderness about both feet and ankle appreciated on palpation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shockwave therapy (ESWT) to right ankle 1 x 4: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376 does note that extracorporeal shockwave therapy, the article at issue, is deemed "optional" for plantar fasciitis, the diagnosis reportedly present here, in this case, however, the applicant's primary pain generator appeared to be the ankle as opposed to the foot. The attending provider did not state that the applicant in fact carried a diagnosis of plantar fasciitis for which extracorporeal shockwave therapy could have been considered, per ACOEM. ACOEM further notes that passive physical modalities which include the ESWT at issue, as a class, are "not recommended" except as an initial aid prior to home exercises. In this case, it did not appear that the applicant was intent on employing the extracorporeal shockwave therapy at issue as an adjunct to a program of functional restoration. The applicant was still off of work, on total temporary disability, some five to six months removed from the date of injury. Extracorporeal shockwave therapy was not, thus, indicated on or around the date in question. Therefore, the request was not medically necessary.

**Fluriflex 180 grams: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111-113.

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Flexeril are not recommended for topical compound formulation purposes. Since one or more ingredients in the compounds is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's concomitant usage of a first-line oral pharmaceutical, ibuprofen, furthermore, effectively obviated the need for the largely experimental topical compound at issue. Therefore, the request is not medically necessary.