

Case Number:	CM14-0210412		
Date Assigned:	12/23/2014	Date of Injury:	08/16/2014
Decision Date:	02/12/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/15/2014

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 Rehab, 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:

This 49 year-old patient sustained an injury on 8/16/14. Request(s) under consideration include High and/or low energy extracorporeal shockwave treatment 4 times (4 diagnosis 1 treatment every 2 weeks) energy level to be discussed at time of treatment. Diagnoses include lumbar spine contusion; left ankle sprain/strain; and left ankle Achilles tendinitis. Conservative care has included medications, 5 sessions of physical therapy, splints, acupuncture, and modified activities. The patient continued to treat for constant low back, left elbow, and left ankle pain. Report of 10/10/14 from the provider noted that the patient started on orthoshockwave treatment for the ankle; although remained sore, but modality did help. The patient still reports low back stiffness with difficulty performing quick movements. Exam showed unchanged findings of tenderness to palpation at lumbar spine and bilateral SI joints; limited range of 80% normal with positive Kemp's testing bilaterally. Treatment plan included continuing physical therapy, acupuncture, medications, vita wrap and exercise along with continued shockwave therapy. The request(s) for High and/or low energy extracorporeal shockwave treatment 4 times (4 diagnosis 1 treatment every 2 weeks) energy level to be discussed at time of treatment was non-certified on 11/14/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

High and/or low energy extracorporeal shockwave treatment 4 times (4 diagnosis 1 treatment every 2 weeks) energy level to be discussed at time of treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Extracorporeal shock wave therapy (ESWT), page 16-17

Decision rationale: This 49 year-old patient sustained an injury on 8/16/14. Request(s) under consideration include High and/or low energy extracorporeal shockwave treatment 4 times (4 diagnosis 1 treatment every 2 weeks) energy level to be discussed at time of treatment. Diagnoses include lumbar spine contusion; left ankle sprain/strain; and left ankle Achilles tendinitis. Conservative care has included medications, 5 sessions of physical therapy, splints, acupuncture, and modified activities. The patient continued to treat for constant low back, left elbow, and left ankle pain. Report of 10/10/14 from the provider noted that the patient started on orthoshockwave treatment for the ankle; although remained sore, but modality did help. The patient still reports low back stiffness with difficulty performing quick movements. Exam showed unchanged findings of tenderness to palpation at lumbar spine and bilateral SI joints; limited range of 80% normal with positive Kemp's testing bilaterally. Treatment plan included continuing physical therapy, acupuncture, medications, vita wrap and exercise along with continued shockwave therapy. The request(s) for High and/or low energy extracorporeal shockwave treatment 4 times (4 diagnosis 1 treatment every 2 weeks) energy level to be discussed at time of treatment was non-certified on 11/14/14. Report from the provider does not specify frequency or duration of ESWT or specific indication. Per Guidelines, Limited evidence exists regarding extracorporeal shock wave therapy (ESWT) in treating diagnosis of plantar fasciitis, Achilles tendinopathy or neuropathic foot ulcers in diabetes to reduce pain and improve function. While it appears to be safe, there is disagreement as to its efficacy and insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Submitted reports have not demonstrated specific indication, significant clinical findings, or diagnoses to support this treatment nor is there specific functional improvement in terms of decreased medication profile from pain relief, increase work or physical status, or decrease in medical utilization from treatment already rendered. The patient continues with planned PT, acupuncture, and medications without identified failure of conservative treatment. The High and/or low energy extracorporeal shockwave treatment 4 times (4 diagnosis 1 treatment every 2 weeks) energy level to be discussed at time of treatment is not medically necessary and appropriate.