

Case Number:	CM14-0214888		
Date Assigned:	01/02/2015	Date of Injury:	02/01/2011
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 54 year old female with an injury date of 2/1/11. Based on the 11/25/14 progress report, the patient complains of occasional slight progressing to occasional moderate left medial band plantar fascia pain. Exam shows slight to moderate tenderness is noted at the origin of the plantar fascia in the medial band left foot. Diagnosis impressions for this patient are chronic plantar fasciitis bilateral, improved on the right and symptomatic on the left depending upon her activity level. Work status as of 11/25/14: Permanent and stationary as of 10/20/14. The utilization review being challenged is dated 12/8/14. The request was non-certified as ESWT is contraindicated in patient with bilateral pain and this patient is diagnosed with bilateral plantar fasciitis. The request is for Extracorporeal Pulsed Activated Therapy EPAT to left foot - 3-6 times. The requesting provider has provided reports from 5/28/14 to 11/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal pulsed activated therapy-EPAT to left foot- 3 to 6 times: 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 Chapter, ESWT Section

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).

Decision rationale: This patient presents with occasional-moderate left heel pain, depending upon her activity level. The provider requests extracorporeal pulsed activated therapy (EPAT) to left foot - 3-6 times per report dated 11/25/14. According to ODG guidelines, criteria for use of extracorporeal shock wave therapy is indicated in: (1) Patients with plantar fasciitis heel pain despite 6 months of standard treatment, (2) attempt of least 3 conservative treatments, and (3) maximum of 3 sessions over 3 weeks. A review of submitted reports show this patient received 6 cortisone injections between 5/28/14 through 11/24/14 and shock wave therapy on 9/5/12 and 7/11/14. (The UR letter does mention a cortisone injection on 1/16/13, though said report is absent here.) Per the 11/25/14 report, patient was noted to be improved and sent back to full duty, after the shock wave treatment to her left heel on 9/5/12. Exam of patient was clinically unremarkable with the exception of slight to moderate tenderness noted at the origin of the plantar fascia in the medial band left foot. ODG guidelines state a maximum of 3 therapy sessions over 3 weeks is allowed for use of shock wave therapy. The current request for 3-6 of therapy exceeds the recommended allowance. Therefore, the request is not medically necessary.