

Case Number:	CM15-0110314		
Date Assigned:	06/16/2015	Date of Injury:	09/15/2014
Decision Date:	07/15/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/08/2015

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:

The injured worker is a 35 year old female patient who sustained an industrial injury on 09/15/2014. The accident was described as while performing duty as an administrative assistant in her boss's office reaching for a legal folder and pulled a heavy executive chair causing her to lose her balance twisting her neck. She was able to grab hold of the desk and did not fall to the ground. The patient noted undergoing a functional capacity assessment on 05/06/2015. On 04/10/2015, 03/20/2015, 03/06/2015 the patient underwent a session of shockwave therapy treatment. A primary treating office visit dated 03/27/2015 reported the treating diagnosis as: sub-acute traumatic repetitive left foot sprain/strain rule out ligamentous injury. A radiographic examination on 02/24/2015 showed a magnetic resonance imaging scan of left foot showed a subchondral cyst formation proximal aspect of the third metatarsal, query history of prior fracture. A MRI of the lumbar spine done on 02/18/2015 showed disc desiccation at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy, 1 x 3 for the left foot: 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), 11th edition (web) Foot and Ankle.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Ankle and Foot Complaints, page 371.

Decision rationale: Submitted reports have not demonstrated specific clinical findings to support for this treatment. Per Guidelines, there is limited evidence that exists regarding extracorporeal shock wave therapy (ESWT) in treating diagnosis of plantar fasciitis in reducing pain and improving function. While it appears to be safe, there is insufficient high quality scientific evidence regarding the efficacy and clear effectiveness of this treatment modality. The Shockwave therapy, 1 x 3 for the left foot is not medically necessary and appropriate.