

Case Number:	CM15-0114202		
Date Assigned:	06/22/2015	Date of Injury:	09/19/2011
Decision Date:	07/27/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/12/2015

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: Preventive Medicine, Occupational Medicine

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 59 year old female, who sustained an industrial injury on 09/19/2011. She has reported injury to the low back and bilateral lower extremities. The diagnoses have included chronic plantar fasciitis bilateral; fibromatosis, plantar fascial; clinical evidence of persistent Morton's neuroma left second web space highly symptomatic; chronic neck pain with C5-6, C6-7 degenerative disc disease; with the MRI findings of multiple degenerative disc disease between C4-C7; and chronic lower back pain with facet arthropathy and 4.4 mm disc bulge at L5-S1, grade I spondylolisthesis at L4-5. Treatment to date has included medications, diagnostics, ice, elevating the extremities, and limiting activities. Medications have included Aleve, Tylenol, Tramadol, and Gabapentin. A progress note from the treating physician, dated 05/07/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the bilateral lower extremities and painful gait. Objective findings included tenderness to palpation at origin of plantar fascia; tenderness to palpation of the left second web space; positive web space compression test, left; positive Mulder's click, left; positive Tinel's tarsal tunnel, left; and trace bilateral lower extremity edema. The treatment plan has included the request for ESWT (extracorporeal shockwave therapy) treatments for bilateral lower extremities, 2 times weekly for 3 weeks, 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESWT (extracorporeal shockwave therapy) treatments for Bilateral Lower Extremities, 2 times wkly for 3 wks, 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diagnosis & Management of Morton's Neuroma: a literature review of Foot Ankle Spec, Aug 2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Foot and Ankle - ESWT.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and for chronic plantar fasciitis Guidelines support the use of ESWT under very specific circumstances. These circumstances include a trial and failure of at least 3 conservative treatments, which is not documented in the records available to review. The Guidelines also state that up to 3 treatments are adequate, there is no Guideline support for 6 sessions. There are no unusual circumstances to justify an exception to Guidelines. The ESWT (extracorporeal shockwave therapy) treatments for Bilateral Lower Extremities, 2 times wkly for 3 wks, 6 sessions is not supported by Guidelines and is not medically necessary.