

Case Number:	CM15-0175426		
Date Assigned:	09/17/2015	Date of Injury:	05/15/2014
Decision Date:	10/21/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/04/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 61 year old male, who sustained an industrial injury on 5-15-2014. The injured worker is being treated for right hip sprain-strain, right knee sprain-strain, and right ankle sprain-strain. Treatment to date has included surgical intervention (cervical fusion, 3-2015), diagnostics including magnetic resonance imaging (MRI), injections, medications and physical therapy. Per the Primary Treating Physician's Progress Report (PR-2) dated 6-19-2015 the injured worker reported cervical spine pain rated the severity of his pain as 6 out of 10 with medications and 8 out of 10 without medications; lumbar spine pain rated as 6 out of 10 with medications and 8 out of 10 without medications; intermittent right hip pain; right knee pain rated as 7 out of 10 with medications; and right ankle pain rated as 8 out of 10 at the time of the examination. Objective findings of the right hip included decreased, painful ranges of motion and tenderness to palpation of the anterior and posterior hip. He states he had an injection that has decreased pain. Examination of the right knee revealed decreased, painful ranges of motion and tenderness to palpation of the anterior knee and lateral and medial joint lines. Examination of the right ankle showed decreased painful ranges of motion and tenderness upon palpation of the Achilles' tendon, anterior ankle, and lateral and medial malleolus. The plan of care included physical therapy, acupuncture and extracorporeal shockwave therapy (ESWT). On 8-07-2015, Utilization Review non-certified the request for ESWT for the right hip, right knee and right ankle (DOS 7-19-2015) citing guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy for right hip, right knee, and right ankle (DOS 07/09/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Knee Complaints 2004, and Ankle and Foot Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Initial Care.

Decision rationale: The ACOEM chapter on foot and ankle complaints states; Limited evidence exists regarding extracorporeal shock wave therapy (ESWT) in treating plantar fasciitis to reduce pain and improve function. While it appears to be safe, there is disagreement as to its efficacy. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. The patient does not have the diagnosis of plantar fasciitis. There is also no support in the ACOEM for shockwave therapy of the other sites requested. Therefore the request is not medically necessary.