

Case Number:	CM15-0176464		
Date Assigned:	09/17/2015	Date of Injury:	07/09/2013
Decision Date:	10/27/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/09/2015

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:

This injured worker is a 29 year old female who reported an industrial injury on 7-9-2013. Her diagnoses, and or impressions, were noted to include: chronic pain syndrome; elements of somatic and neuropathic pain; pain to right ankle and foot; myofascial pain; tarsal tunnel syndrome; plantar fibromatosis; diabetic neuropathy; and neuritis and scar tissue-fibrosis with pain in limb, status-post tarsal tunnel release surgery. No current imaging studies were noted. Her treatments were noted to include: an agreed medical evaluation on 2-11-2015; consultation; electrodiagnostic studies (5-14-15); persistent pain status-post tarsal tunnel release and plantar fasciotomy with heel spur excision surgery; physical therapy; and medication management. The progress notes of 5-20-2015 reported a follow-up for chronically painful right lower extremity following unsuccessful tarsal tunnel release and plantar fasciotomy with heel spur excision surgery, mostly due to scar tissue. Objective findings were noted to include: obesity; a lot of pain mostly from scar tissue following surgery; a continued gastroc complex affecting her gait; that the report from the electrodiagnostic studies was not available for review; that she completed her physical therapy; and the need to proceed with extra-corporeal shock-wave therapy to try to prevent surgery, otherwise revision surgery would be necessary. The 8-11-2015 follow-up progress notes include the results of the electrodiagnostic study findings of positive tarsal tunnel syndrome in her right lower extremity; no change in treatment options was noted. The physicians request for treatments was noted for extra-corporeal shock-wave therapy. The Request for Authorization for this treatment was not noted in the medical records provided. The

Utilization Review of 8-17-2015 non-certified the request for extra-corporeal shock-wave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy: 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) <http://www.odg-twc.com>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot (Acute and Chronic) Chapter, under Extracorporeal Shockwave Therapy (ESWT).

Decision rationale: The patient presents with pain in the right foot and ankle. The request is for Extracorporeal shockwave therapy. Patient is status post right foot tarsal release surgery, date unspecified. Examination to the right foot on 04/15/15 revealed tenderness to palpation around the tarsal tunnel area with mild scar tissue under the skin. Patient's gait was antalgic. Patient's treatments have included nerve conduction studies and physical therapy. Per 05/20/15 progress report, patient's diagnosis include neuritis, scar tissue/fibrosis, pain in the limb, tarsal tunnel syndrome, type 2 diabetes with neuropathy, gastrocnemius equinus, limb length discrepancy. Patient's work status was not specified. ODG Guidelines, Ankle and Foot (Acute and Chronic) Chapter, under Extracorporeal Shockwave Therapy (ESWT) states: "Not recommended using high energy ESWT. Recommended using low energy ESWT as an option for chronic plantar fasciitis, where the latest studies show better outcomes without the need for anesthesia. Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): (1) Patients whose heel pain from plantar fasciitis has remained despite six months of standard treatment. (2) At least three conservative treatments have been performed prior to use of ESWT. These would include: (a) Rest; (b) Ice; (c) NSAIDs; (d) Orthotics; (e) Physical Therapy; (e) Injections (Cortisone). (3) Contraindicated in: Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. (4) Maximum of 3 therapy sessions over 3 weeks. Low energy ESWT without local anesthesia recommended." The patient is status post right tarsal tunnel release and plantar fasciotomy with heel spur excision, which was not successful. In progress report dated 09/23/15, the treater is requesting extracorporeal shockwave therapy to try and prevent surgery. The treater further states that the patient would get between 3 and 5 treatments and if it fails, then they'll proceed with surgery. In this case, the treater has not specified the energy level for this request. Furthermore, the treater has not documented that this patient has chronic plantar fasciitis to warrant the use for Extracorporeal Shockwave therapy. Therefore, the request is not medically necessary.