

Case Number:	CM15-0176604		
Date Assigned:	09/17/2015	Date of Injury:	10/09/2014
Decision Date:	10/21/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/08/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 30 year old male, who sustained an industrial injury on October 9, 2014. He reported an injury to his left leg, left knee, left ankle and left foot in a slip and fall incident on the stairs. On August 6, 2015 the injured worker reported that he had completed six physical therapy visits and had improvement. On physical examination, the injured worker had no soft tissue swelling, localized tenderness or signs of infection of the left foot. There was no tenderness to palpation at the mid tarsal joints and no pain with stressing. There was no instability to the left foot, no tenderness to palpation over the metatarsals and no pain with compression of the metatarsals. The injured worker's left foot had mild plantar fascial tenderness without palpable defects. There was satisfactory range of motion of the toes. He ambulated with a non-antalgic gait but had pain in the left ankle with heel and toe walking. The injured worker had no sensory, deficit, motor weakness or reflex asymmetry in either lower extremity. The injured worker was diagnosed as having a straining injury of the medial ligaments of the left ankle, left plantar fasciitis and internal derangement of the left knee. Treatment to date has included physical therapy, MRI of the left knee, orthotics, durable medical equipment, and work restrictions. A request for authorization for six Shockwave Therapy sessions for the left foot was received on August 21, 2015. On August 28, 2015, the Utilization Review physician modified 6 Shockwave Therapy sessions for the left foot to Shockwave Therapy x 3 sessions for the left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 shockwave therapy sessions 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/600_699/0649.html.

Decision rationale: Pursuant to the ACOEM, 6 shockwave therapy sessions to the left foot is not medically necessary. The guidelines do not recommend extracorporeal shock wave therapy (ESWT) using high energy ESWT. The guidelines recommend using low energy ESWT as an option for chronic plantar fasciitis, where the latest studies show better outcomes without the need for anesthesia. The guidelines recommend a maximum of three therapy sessions over three weeks. Low energy extracorporeal shock wave therapy without anesthesia is recommended. Aetna considers extracorporeal shock-wave therapy (ESWT) medically necessary for calcific tendinopathy of the shoulder of at least 6 months duration with calcium deposit of 1 cm or greater, and who have failed to respond to appropriate conservative therapies (e.g., rest, ice application, and medications). Aetna considers extracorporeal shock-wave therapy (ESWT), extracorporeal pulse activation therapy (EPAT) (also known as extracorporeal acoustic wave therapy) experimental and investigational for the following indications (not an all-inclusive list) because there is insufficient evidence of effectiveness of ESWT for these indications in the medical literature: Achilles tendonitis (tendinopathy); Delayed unions; Erectile dysfunction; Lateral epicondylitis (tennis elbow); Low back pain; Medial epicondylitis (golfers elbow); Non- unions of fractures; Osteonecrosis of the femoral head; Patellar tendinopathy; Peyronie's disease; Rotator cuff tendonitis (shoulder pain); Stress fractures; Wound healing (including burn wounds). Other musculoskeletal indications (e.g., calcaneal spur, Hammer toe, tenosynovitis of the foot or ankle, and tibialis tendinitis). In this case, the injured workers working diagnoses are straining injury medial ligaments left ankle; left plantar fasciitis; and internal derangement left knee. The date of injury is October 9, 2014. Request for authorization is August 21, 2015. According to an August 6, 2015 progress note, subjective complaints include left foot, ankle and knee pain. The injured worker received six physical therapy sessions with improvement. Objectively, there is tenderness over the left foot compatible with mild plantar fasciitis. Extracorporeal shockwave therapy is ineffective in the treatment of chronic plantar fasciitis. The guidelines recommend using low energy ESWT as an option for chronic plantar fasciitis, where the latest studies show better outcomes without the need for anesthesia. The guidelines limit extracorporeal shock wave therapy for three sessions over three weeks. The treating provider requested six sessions of extracorporeal shock wave therapy. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and a request for six sessions extracorporeal shock wave therapy (guidelines recommend a maximum of three), 6 shockwave therapy sessions to the left foot is not medically necessary.