

Case Number:	CM15-0177643		
Date Assigned:	09/18/2015	Date of Injury:	03/26/2012
Decision Date:	10/21/2015	UR Denial Date:	08/11/2015
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: 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 48 year old male, who sustained an industrial-work injury on 3-26-12. He reported initial complaints of right foot and heel pain. The injured worker was diagnosed as having right foot sprain-strain and plantar fasciitis. Treatment to date has included medication and diagnostics. MRI results were reported on 4-17-15 of right foot and heel that demonstrated plantar calcaneal enthesophytes, plantar fascia thickening with increased signal, plantar fasciitis is considered, stieda process, subtalar and tibiotalar joint effusion, tenosynovitis of flexor hallicis longus. Currently, the injured worker complains of right foot pain rated 7-8 out of 10 without medication and 3-4 out of 10 with medication. Pain in aggravated by activities. There was right heel pain rated 6-7 out of 10 without medication and 3-4 out of 10 with medication. Ibuprofen was used for pain. Per the primary physician's progress report (PR-2) on 7-21-15, exam noted no bruising, swelling, atrophy, or lesion present at the right foot, range of motion is decreased and painful, and there is tenderness to palpation of the first M.P. joint. Current plan of care includes continue medication. The Request for Authorization included Extracorporeal shockwave therapy (ESWT) x 3 sessions. The Utilization Review on denied the request for lack of efficacy or for treatment of plantar fasciitis, lack of documentation of conservative treatment per CA MTUS (California Medical Treatment Utilization Schedule), Ankle and Foot Complaints 2004; Occupational Medicine Practice Guidelines, 2nd Edition (2004) pages 369-371 and Official Disability Guidelines (ODG) Ankle and Foot Chapter (updated 06/22/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy (ESWT) x 3 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 2nd Edition (2004) pages 369-371 and Official Disability Guidelines (ODG) Ankle and Foot Chapter (updated 06/22/2015).

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 does recommend shockwave therapy as an option in treatment of plantar fasciitis. The patient does have this diagnosis and the number of treatment requested meets ODG guidelines. Therefore the request is medically necessary.