

Case Number:	CM15-0091994		
Date Assigned:	07/16/2015	Date of Injury:	06/23/2014
Decision Date:	08/13/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/13/2015

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, Pain Management

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 29-year-old male with an industrial injury dated 06/23/2014. The mechanism of injury is documented as a fall. On 07/03/2014, while he was welding a piece of metal slipped into his right foot resulting in a blister. His diagnoses included pes plano valgus, bursitis, capsulitis, myalgia, peroneal tendonitis and pain. Prior treatments included diagnostics, antibiotics, acupuncture, orthotics, cane, physical therapy and chiropractic treatment. He presents on 03/10/2015 with complaints of bilateral foot, ankle and lower extremity pain. She also had pain in the lumbosacral area. Physical exam noted decreased pain below the knee joint. Weight bearing examination revealed antalgic gait with a one-point cane. There was hyper pronation with everted heels. Range of motion was normal. The treatment request for follow up four visits is conditionally non-certified. Treatment request for review is extracorporeal shockwave therapy 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy 4 sessions: 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), low back-lumbar and thoracic (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Shock wave therapy and Other Medical Treatment Guidelines https://www.anthem.com/ca/medicalpolicies/policies/mp_pw_a050255.htm.

Decision rationale: Regarding the request for ESWT, California MTUS does not address the issue. ODG cites that it is not recommended for the lumbar spine, as the available evidence does not support its effectiveness in treating low back pain. Anthem medical policy notes that ESWT for the treatment of musculoskeletal conditions is considered investigational and not medically necessary. In light of the above issues, the currently requested ESWT for lumbar spine is not medically necessary.