

<b>Case Number:</b>	CM15-0094595		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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, Hawaii  
 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:

The injured worker is a 45 year old male, who sustained an industrial injury on 9-25-2013. Diagnoses have included headaches, cervical spine pain, sprain of ligaments of cervical spine, cervical region radiculopathy, sprain of ligaments of lumbar spine, low back pain, lumbar region radiculopathy, disorder of ligament right ankle and rule out joint derangement right ankle. Treatment to date has included physical therapy, acupuncture and medication. According to the progress report dated 3-19-2015, the injured worker complained of constant headaches. He complained of burning, radicular neck pain and muscle spasms. He rated his neck pain as five out of ten. He complained of burning, low back pain radiating down the right leg rated five out of ten. He complained of burning right ankle pain and muscle spasms rated five out of ten. He reported that medications offered him temporary relief of pain and allowed him to have restful sleep. Exam of the cervical spine revealed tenderness to palpation at the suboccipital region. Exam of the lumbar spine revealed tenderness to palpation at the lumbar paraspinal muscles. Exam of the right ankle revealed tenderness to palpation over the medial and lateral malleolus. Authorization was requested for magnetic resonance imaging (MRI) of the right ankle and shockwave therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **MRI (Magnetic resonance imaging) of Right Ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle/Foot Chapter, MRI.

**Decision rationale:** The patient presents with pain affecting the cervical and lumbar spine and the right ankle. The current request is for MRI (Magnetic Resonance Imaging) of Right Ankle. The treating physician states in the report dated 5/13/15, "Positive MRI study (9/3/14) showing: Tibiotalar joint effusion." (470B) The ODG guidelines state, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." In this case, the treating physician has not documented any significant changes in the patient's symptoms and there are no red flags noted to indicate the medical necessity for a repeat MRI. The current request is not medically necessary.

## **Shockwave therapy sessions, Qty 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & Chronic) - Extracorporeal shock wave therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle/Foot Chapter Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** The patient presents with pain affecting the cervical and lumbar spine and the right ankle. The current request is for Shockwave Therapy session, Qty: 3. The treating physician states in the report dated 5/28/15, "The patient is to continue the course of shockwave therapy, this is up to 3 treatments for the right ankle. The patient is to continue the course of shockwave therapy, this is, up to 6 treatments for the cervical and lumbar spine." (482B) The ODG guidelines only recommend shockwave therapy for patients with plantar fasciitis and at least three conservative treatments have been performed prior to use of ESWT. In this case, the treating physician has not documented that the patient has plantar fasciitis or if the patient has not responded to at least 3 other therapies. The current request is not medically necessary.