

Case Number:	CM15-0095801		
Date Assigned:	05/22/2015	Date of Injury:	12/05/2013
Decision Date:	06/24/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	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: New York
 Certification(s)/Specialty: Podiatrist

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 (IW) is a 29-year-old male who sustained an industrial injury to the left foot on 12/05/2013. Diagnoses include left ankle tenosynovitis, left foot peroneal tendinosis, status post left foot crush injury with subsequent fourth and fifth toe amputation and hallux valgus secondary to medial column weight bearing. Treatment to date has included medications, surgeries, physical therapy and EWT. According to the treating physician's progress notes dated 4/29/15, the IW reported pain in the lower back rated 9/10, and left ankle/foot pain rated 6-7/10. It was noted these pain levels were increased as compared to his previous office visit. On examination, range of motion of the lumbar spine was restricted and grade 2 tenderness to palpation was present over the paraspinal muscles. There was also grade 3 tenderness over the left ankle and foot, with decreased range of motion in the ankle. A request was made for extracorporeal shockwave therapy (EWT) for the left foot due to past successful treatment and purchase of one pair of accommodative orthopedic shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shock Wave Therapy, Left Foot, Qty 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot chapter - Extracorporeal Shock Wave Therapy (ESWT).

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 section, extracorporeal shock wave therapy.

Decision rationale: After careful review of the ODG guidelines concerning extracorporeal shockwave therapy, it is my feeling that the treatment for this patient is not medically reasonable or necessary according to the guidelines. The ODG guidelines state that extracorporeal shockwave therapy may be used for the treatment of plantar fasciitis. There is no documentation noted in the medical chart that demonstrates that this patient is suffering with plantar fasciitis. Therefore, the requested treatment is not medically necessary.

Accommodative Orthopedic Shoes, 1 pair purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Orthotic devices.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-371.

Decision rationale: After careful review of the enclosed information and the MTUS guidelines for this case, it is my feeling that the request for orthopedic shoes is not supported by the medical documentation. Both orthopedic shoes as well as rigid custom orthotics are recommended for people with plantar fasciitis, metatarsalgia, and hallux valgus. The enclosed medical records do not support that this patient's pain is arising from any of the above-mentioned diagnoses. Therefore, the requested treatment is not medically necessary.