MAXIMUS Federal Services

Case Number:	CM15-0096658		
Date Assigned:	05/27/2015	Date of Injury:	06/06/2014
Decision Date:	06/25/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/19/2015

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 (IW) is a 44-year-old male who sustained an industrial injury on 06/06/2014. Diagnoses include plantar fasciitis-right and plantar calcaneal spur. Treatment to date has included medications, physical therapy (PT), ESWT and orthotics. X-rays of the right foot on 2/18/15 showed a small calcaneal spur. According to the progress notes dated 4/29/15, the Injured Worker reported right heel pain/plantar fasciitis. He stated he did not feel he was making progress with PT, but thought there may be some improvement after the first two ESWT. On examination of the right foot, the skin and plantar fascia was intact and the heel cord and gastrocnemius were tight. The provider commented that the type of PT techniques prescribed may not be what the IW is actually receiving. A request was made for four high and low energy extracorporeal shockwave treatments (ESWT), as the Injured Worker felt this may be helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 high and low energy extracorporeal shockwave treatments: 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, 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) Pain section, Extracorporeal shock wave treatments.

Decision rationale: Pursuant to the Official Disability Guidelines, 4 high and low energy extracorporeal shock wave treatments are 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. In this case, the injured worker's working diagnoses are right heel pain and plantar fasciitis. The injured worker received two sessions of extracorporeal shock wave therapy with "slight improvement". The guidelines do not recommend high energy ESWT. Low energy ESWT is indicated for plantar fasciitis. The documentation indicates the injured worker received "slight improvement". Documentation does not distinguish between high and low energy ESWT in the progress note. Consequently, absent guideline recommendations for high energy extracorporeal shockwave treatments, 4 high and low energy extracorporeal shock wave treatments are not medically necessary.