

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/29/2013
Date of Injury: 5/25/2012
IMR Application Received: 8/8/2013
MAXIMUS Case Number: CM13-0008740

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

/js

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 51-year-old female who reported an injury on 05/25/2012 after running through a field and twisting her left ankle and knee. The patient was initially treated with physical therapy and medications. An MRI revealed there were no acute fractures or dislocations noted, and evidence of plantar fasciitis, a severe sprain, and tear of the posterior tibiocalcaneal ligament of the deltoid ligament complex. The patient was then treated with acupuncture and medications. The patient underwent knee arthroscopy on 11/21/2012. The patient continued to have left ankle pain. The patient had a trial of H-wave therapy that resulted in reported decreased pain and improved function. The patient continued to complain of left ankle pain. Physical findings included tender plantar left foot and heel, with a positive left foot MRI for plantar fasciitis. The patient's diagnoses included plantar fasciitis, a sprain/strain of the ankle, and a sprain/strain of the knee. The patient's treatment plan included shockwave therapy.

IMR DECISION(S) AND RATIONALE(S)

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

1. 3 extracorporeal shockwave therapy is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG) Ankle and Foot Chapter, Extracorporeal shock wave therapy, which is not part of the MTUS.

The Physician Reviewer's decision rationale: California Medical Treatment Utilization Schedule does not address this specific type of shockwave therapy. Official Disability Guidelines recommend extracorporeal shockwave therapy for patients who have heel pain associated with plantar fasciitis that has not responded to at least 6 months of standard treatment and have failed to respond to at least 3 conservative therapy treatments. Per the Official Disability Guidelines

“maximum of 3 therapy sessions over 3 weeks. Low energy ESWT without local anesthesia is recommended.” The medical records provided for review does indicate that the employee’s pain has failed to respond to acupuncture, physiotherapy, and medications. However, there is no indication that the employee has used rest, ice, orthotics, or injections to provide symptom relief. Additionally, it is noted within the documentation that the employee underwent a trial of extracorporeal therapy. There were no quantified objective functional findings or specific functional improvements related to that trial. Lastly, the documentation did not specify the number of sessions that occurred during the “trial.” **The request for 3 sessions of extracorporeal shock was therapy to the left foot is not medically necessary or appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient’s physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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