

<b>Case Number:</b>	CM14-0142777		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/05/2013
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 worker is a 29 year old male who was injured on 12/5/2013. He was diagnosed with a crush injury of the left foot with subsequent 3rd and 4th toe amputation, and later chronic foot ulcer. He was treated with open reduction internal fixation with pinning as well as skin grafting to the left foot. He was treated with physical therapy, medications, wound care, and local debridement following the surgery, DuoDerm, and roll-a-bout platform for walking. On 7/31/2014, the worker reported that he noticed "small bubbles filled with clear liquid at the top and bottom of his left foot" 2 days prior. His pain level was rated at a 5/10 on the pain scale. His left foot (great toe) wound was described as such: wound bed was red in color, periwound was intact, dry, and flaky, light amount of drainage was noted (serous). The wound was then cleaned and debrided and redressed with Duoderm. Later, on 8/20/14 extracorporeal shock wave therapy was recommended for his left foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shockwave therapy left foot:** 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) Ankle and foot chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot section, Extracorporeal shock wave therapy

**Decision rationale:** The MTUS ACOEM Guidelines state that extracorporeal shock wave therapy (ESWT) has limited high quality evidence for treating plantar fasciitis for the reduction of pain and improvement of function. The ODG states that ESWT is not recommended if using high energy, but is recommended if using low energy ESWT as an option for chronic plantar fasciitis based on more up to date research. Low energy ESWT is also effective and may be recommended for neuropathic ulcers. The ODG lists the criteria for the use of ESWT: 1. At least 6 months of persistent plantar fasciitis with continued foot pain, 2. At least three conservative treatments have been performed prior to the use of ESWT (rest, ice, NSAIDs, orthotics, physical therapy, and corticosteroid injection), 3. Contraindicated in pregnant women, patients younger than 18 years of age, patients with blood clotting disease, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; patients with cardiac pacemakers; patients who had physical or occupational therapy within the past four weeks; patients who received a local steroid injection within the past six weeks; patients with bilateral pain; and patients who had previous surgery for the condition, and 4. Maximum of three therapy sessions over three weeks. Low energy ESWT without local anesthesia recommended. In the case of this worker, there was a diagnosis of a foot ulcer, which might warrant a consideration of using ESWT. However, there was not an up to date document at the time of the request that assessed the condition of his foot ulcer. The latest assessment was on 7/31/14, which was weeks later. Therefore, without a clear and up to date review, the need for ESWT cannot be assessed and is at this time not medically necessary.