

Case Number:	CM14-0143614		
Date Assigned:	09/12/2014	Date of Injury:	01/16/2007
Decision Date:	10/07/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/04/2014

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 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 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:

This case involves a 49 year-old injured worker who sustained an injury on 1/16/07 while employed by [REDACTED]. Request(s) under consideration include extracorporeal shock wave therapy (ESWT) of the bilateral feet. Diagnoses include lumbar/ thoracic intervertebral disc displacement without myelopathy; status post lumbar fusion at L5-S1 on 10/21/10; brachial neuritis/ radiculitis; plantar fascial fibromatosis/ enthesopathy unspecified; and myalgia and myositis/ soft tissue pain. Report of 5/22/14 noted patient with bilateral feet pain and had sought care with his private physician who administered cortisone injections and medications were prescribed as well as physical therapy started. Report noted "The patient is currently not working" which conflicted with earlier statement of patient was working modified. Exam of lumbosacral spine demonstrated tenderness over L2-L5 spinal process with spasm; limited range in all planes; negative straight leg raises; 5/5 motor strength throughout bilateral lower legs; decreased sensation in thighs, knees, medial legs and feet. Treatment plan included EMG/NCV bilateral lower extremities; home exercise program; and topical medications. The patient remained P&S with permanent restrictions for low back. Report of 7/31/14 from the provider noted the patient with ongoing chronic persistent back pain with bilateral plantar fasciitis exacerbation. Past treatment included medications, therapy, fasciitis injections, and modified activities/rest. The patient has lower back and bilateral feet symptoms rated at 3/10 for back, 6/10 for right foot and 9/10 for left foot, worsening with walking and climbing. Exam showed feet with tenderness to palpation at bilateral plantar aspect; diminished sensation to light touch in anterolateral thighs, anterior knees, medial legs and feet with remaining neurological exam intact. Treatment included home exercise program, extra corporeal shock wave therapy (ECSW) therapy for plantar fasciitis. The request(s) for extracorporeal shock wave therapy (ESWT) of the bilateral feet was non-certified on 8/27/14

citing guidelines criteria and noting provider indicated the patient had decided to not undergo treatment recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy (ESWT) of the bilateral feet: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, TREATMENT OF THE ANKLE AND FOOT

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

Decision rationale: The request(s) for extracorporeal shock wave therapy (ESWT) of the bilateral feet was non-certified on 8/27/14. Report from the provider does not specify frequency or duration of ESWT. Submitted reports have not demonstrated specific clinical findings to support for this treatment. Per Guidelines, there is limited evidence that exists regarding extracorporeal shock wave therapy (ESWT) in treating diagnosis of plantar fasciitis in reducing pain and improving function. While it appears to be safe, there is insufficient high quality scientific evidence regarding the efficacy and clear effectiveness of this treatment modality. Therefore, this request is not medically necessary.