MAXIMUS Federal Services

Case Number:	CM13-0035657		
Date Assigned:	12/13/2013	Date of Injury:	12/20/2010
Decision Date:	04/30/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/17/2013

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 Internal Medicine 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:

The patient is an injured worker with diagnoses of left ankle sprain, plantar fasciitis. The mechanism of injury was a fall down stairs. The date of injury was December 20, 2010. A comprehensive physical medical evaluation report for the date of service August 1, 2013 by Dr. [redacted] provided a case summary. On the date of injury December 20, 2010, patient injured his left ankle. X-rays were obtained of his left ankle and he was informed that nothing was broken just sprained. He was returned to full duty in February 2011. On June 25, 2013, x-rays were obtained of the left ankle and he was diagnosed with plantar fasciitis. The patient was referred to physical therapy and he attended six sessions which gave him temporary relief. The patient was placed on modified duty with a sedentary position. He has been in this position for approximately one month. On July 30, 2013, the patient saw a podiatrist who taped his foot. The patient was prescribed Naproxen but indicates that he is not taking any medications at this time. Regarding the left ankle, the patient complains of constant pain, and pain at the bottom of his foot. The patient is currently working in a sedentary position only since June 26, 2013. June 25, 2013 progress report documented a referral for physical therapy, and podiatry consultation, Naproxen prescription, with work status of modified work with sit down job and wear foot night splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

INFERENTIAL STIMULATOR FOR THE LEFT FOOT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Interferential Current Stimulation Page(s): 114, 118-120.

Decision rationale: Medical records document diagnoses of left ankle sprain and plantar fasciitis, with symmetric range of motion and normal motor strength. The patient was tolerating Relafen, an NSAID, which decreased pain and increased activity, without side effects. The patient responded to physical therapy. Physical therapy reduced pain and improved range of motion and strength. Foot pain decreased by 70% to 80% with the plantar fascial strapping. The medical records and clinical guidelines do not support the medical necessity of interferential current stimulation. Therefore, the request for interferential stimulator for left foot is not medically necessary.