

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0036415 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 12/13/2012 |
| Decision Date: | 02/14/2014 | UR Denial Date: | 10/09/2013 |
| Priority: | Standard | Application Received: | 10/21/2013 |

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 Family Practice and is licensed to practice in Texas. 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. 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 a 67-year-old female who reported an injury on December 13, 2012 after a slip and fall which caused injury to her left ankle. Prior treatments included immobilization, physical therapy, and medications. The patient underwent lateral ankle stabilization with use of FiberWire to the left ankle on November 08, 2013. The patient's diagnoses included an old fracture of the left tibia, lateral collateral ligament tears, chronic instability of the left ankle, and a painful gait. The patient's postsurgical treatment plan included a controlled ankle motion (CAM) walker, cold therapy unit, and an interferential unit in combination with postsurgical physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 day rental of a Interferential Unit between September 26, 2013 and December 26, 2013:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 119.

Decision rationale: The clinical documentation submitted for review does indicate that the patient underwent surgical intervention of the left ankle. The California MTUS guidelines recommend a one (1) month trial of an interferential stimulation unit when there is significant postoperative pain that limits the patient's ability to participate in a postsurgical active therapy program. There was no postsurgical clinical examination to support that the patient has significant pain preventing the patient from performing postsurgical active therapy. Additionally, the request exceeds the recommended one (1) month trial. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 90 day rental of an interferential unit is not medically necessary or appropriate.