

Case Number:	CM13-0036935		
Date Assigned:	03/28/2014	Date of Injury:	03/22/2012
Decision Date:	06/11/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/21/2013

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 Orthopedic Surgery and is licensed to practice in Massachusetts. 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 a 51 year old female whose date of injury is 03/22/2012. The patient sustained cumulative trauma injury to the neck, bilateral shoulders, bilateral hands, and bilateral feet. Electrodiagnostic study dated 05/16/12 revealed mild right median neuropathy at the wrist (carpal tunnel syndrome). Follow up evaluation dated 08/28/13 indicates that the patient is pending authorization for left ankle surgery. Diagnoses are listed as fracture of the medial malleolus and heel; degenerative joint disease of the tibiotalar junction of the medial aspect of the ankle joint; impingement syndrome of the left ankle; plantar fasciitis of the left foot; and painful gait. Treatment to date includes physical therapy, casting of the left foot and two cortisone injections to the left foot. MAX -IF UNIT, ELECTRODES is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAX -IF UNIT, ELECTRODES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

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

Decision rationale: Based on the clinical information provided, the request for MAX-IF unit, electrodes is not recommended as medically necessary. There is no current, detailed physical examination submitted for review. CA MTUS guidelines do not recommend interferential current stimulation as an isolated intervention. There is no documentation that pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or there is a history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or that the patient has been unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). There are no specific, time-limited treatment goals provided. The request is not medically necessary and appropriate.