

<b>Case Number:</b>	CM13-0040599		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/05/2012
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 in Pain Management has a subspecialty in Disability Evaluation and is licensed to practice in California, DC, Maryland, and Florida. 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 female, DOB: 03/12/1961, under the care of [REDACTED] for treatment of injury of 07/05/2012 which resulted in ATFL tear and instability of the left ankle. Notes of 11/29/2012 related that she had been doing physical therapy and a home exercise program with no improvement and continued difficulty with ambulation. Examination demonstrated continuation of positive anterior drawer sign and positive talar tilt sign. She had pain with inversion stress testing and continued instability of the left ankle. X-rays demonstrated abnormal inversion stress testing as well. Arthrogram was also positive for tear of the lateral ankle ligaments and non-solidification of the ankle joint. Diagnosis: MR Arthrogram confirmed tear of the anterior talofibular ligament, instability of the left ankle, sprain/strain of the left ankle, and painful gait. Surgical intervention consisted of a repair of the A TFL. She has completed Physical Therapy. Examination reveals anterior and posterior tibial pulses are 2+/4 bilaterally, and slight swelling laterally to the scar of left ankle. The Achilles and patellar reflexes were 2+/4 bilaterally, normal gait, and slight propensity for lateral ambulation because of pain she has with prolonged weight bearing gait. The claimant has received biomechanical corrective intervention that would aid with improving of functionality. Diagnoses include status post repair of the lateral ligaments of the left ankle, instability of the left ankle, resolved, and sprain/strain of the ankle with scar tissue adhesions. Recommendations are for orthotics for stabilization of gait, and full duty. In the medical report dated 06/13/2013 there is a request for electrical muscle stimulation/interferential micro current (97014) to decrease edema and pain, locally, to joints and muscles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for Interferential Unit (IF) rental for 90 days for the left ankle: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic) (updated 3/7/2014) Interferential current stimulation (ICS).

**Decision rationale:** MTUS Guidelines as well as the Official Disability Guidelines (ODG) both indicate the following in reference to Inferential Stimulation, TENS, and Neuromuscular electrical stimulation (NMES devices)( e.g. Ortho Stirm 3/4) that provide combination interferential stimulation, neuromuscular electrical stimulation, and high volt pulsed current stimulation: there are no scientific evidence based studies that show the efficacy of this multi-modal e-stim device. Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. In the medical report dated 06/13/2013 there is a request for electrical muscle stimulation/interferential micro current (97014) to decrease edema and pain, locally, to joints and muscles. The treating physician proposed to use a medical device that provides combination interferential stimulation. neuromuscular electrical stimulation, and high volt pulsed current stimulation. Based on the medical guidelines consulted for this decision, this request is noncertified.