

Case Number:	CM13-0043182		
Date Assigned:	12/27/2013	Date of Injury:	05/01/2012
Decision Date:	04/25/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/22/2013

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Texas 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 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 sustained injury on 5/1/2012 when he had a fall at work. The diagnoses listed are instability of the left ankle joint, left elbow pain, low back pain, neck pain, anxiety, depression and left shoulder pain. An MRI done on 10/5/2012 confirmed the diagnosis of left ankle tarsitis. Final Determination Letter for IMR Case Number CM13-0043182 3 The Podiatrist [REDACTED] [REDACTED] noted on 9/11/2013 that the patient had left ankle instability, mild antalgic gait, and pain during activities. The hand written notes from the treating physician [REDACTED] are illegible. The patient did receive steroid injections to the left ankle. It is unclear if the patient had completed physical therapy treatments. A Utilization Review determination rendered on 10/11/2013 recommended modified certification of 3 months rental of a MX Interferential Unit for the left ankle to a 1 month rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE THREE MONTH RENTAL OF A MX-INTERFERENTIAL UNIT FOR THE LEFT ANKLE/FOOT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IF Unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sections on Exercise. Physical Medicine. Page(s): 46-47, 98-99.

Decision rationale: The CA MTUS did not fully address the specific indications for the use of Interferential unit in the treatment of ankle instability and pain. The Podiatrist [REDACTED] documented a slight decrease in strength, pain with toe walking, standing, squatting and some instability of the left ankle. The MTUS recommended regular periodic re-evaluation of joints during physical medicine treatment or use of rehabilitation equipment. A certification for 1 month of rental for the MX Interferential Unit for the left ankle is appropriate. The patient can then be re-evaluated and the need for further treatment will be determined. The request for a three month rental of a MX-Interferential Unit for the left ankle/foot is non certified