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| Case Number: | CM13-0046070 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 06/14/1998 |
| Decision Date: | 06/06/2014 | UR Denial Date: | 10/11/2013 |
| Priority: | Standard | Application Received: | 11/12/2013 |

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 Podiatric Surgery and is licensed to practice in New York. 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:

According to the enclosed information, this patient suffered an industrial accident on 5/14/1998. Multiple areas were injured, including bilateral lower extremity. On 9/11/2013 this patient was evaluated by her podiatrist for chronic foot pain. The patient is noted to have a partially torn Achilles tendon confirmed on MRI. Decreased range of motion was noted to the left foot. The podiatrist recommended narcotic pain medication, physical therapy, and an IF (ICS) unit to help control the chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

An interferential unit for the ankles (90 day rental): Upheld

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

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

Decision rationale: The MTUS guidelines state that ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. ICS is possibly appropriate if

it has documented and proven to be effective as directed or applied by the physician and: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If the criteria are met, a one month trial may be appropriate. The request is in excess of the guideline recommendations and is not medically necessary.