MAXIMUS Federal Services

Case Number:	CM13-0050150		
Date Assigned:	12/27/2013	Date of Injury:	06/01/2013
Decision Date:	05/02/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/08/2013

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 Family Practice and is licensed to practice in California. 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 58-year-old male who reported an injury on 06/01/2013. The injury was noted to have occurred to his right ankle when it was hit by the wheel of a riser as he was pulling it. He is diagnosed with right ankle sprain/strain. His symptoms are noted to include pain and swelling of his right foot and ankle. Objective findings include tenderness to palpation over the lateral malleolus of the right ankle. Following his initial comprehensive medical evaluation, the treating physician recommended acupuncture, a pain management consult, a urinalysis for toxicology, chiropractic/physiotherapy modalities, and use of an interferential unit and motorized cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE PURCHASE OF A COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation /MTUS/ACOEM Guidelines (2008), Ankle and Foot Complaints, pages 1044-1046.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & foot, Continuous-Flow Cryotherapy.

Decision rationale: According to the Official Disability Guidelines, use of a continuous flow cryotherapy unit is not recommended in the treatment of ankle and foot disorders as the current evidence is not sufficient in demonstrating the effectiveness of cryotherapy for an ankle sprain or other ankle and foot disorder. The request for purchase of a Cold Therapy Unit is not medically necessary and appropriate.

THE PURCHASE OF AN INTERFERENTIAL UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 119-120.

Decision rationale: According to the California MTUS Guidelines, an interferential current stimulation unit is not recommended as an isolated intervention but may be an option when used in conjunction with recommended treatments, including return to work, exercise and medication, and when there is limited evidence of improvement on those recommended treatments alone. The clinical information submitted for review indicated that prior to his 10/23/2013 evaluation; the patient had only had 3 sessions of physical therapy and use of medications since his injury. As the patient was not shown to have had an adequate course of physical therapy, home exercises, and medication with evidence of failure on these treatments alone, the addition of an interferential stimulation unit is not supported. In addition, the guidelines indicate that when the criteria are met for use of an interferential unit, a 1 month trial may be appropriate to evaluate for effect. The request for the purchase of Interferential Unit is not medically necessary and appropriate.