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| <b>Case Number:</b>   | CM13-0059882 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 07/25/2011 |
| <b>Decision Date:</b> | 04/09/2014   | <b>UR Denial Date:</b>       | 11/18/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/02/2013 |

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 33-year-old male who reported an injury on 07/25/2011. The mechanism of injury involved a fall. The patient is diagnosed as status post ORIF of the right foot and sacroiliitis. A request for authorization was submitted by [REDACTED] on 11/11/2013 for durable medical equipment. However, there was no Physician's Progress Report submitted on the requesting date. The latest Physician's Progress Report submitted by [REDACTED] is documented on 06/05/2013. The patient reported ongoing right foot and ankle pain. Physical examination revealed positive medial/lateral stability with restricted flexion. Treatment recommendations at that time included an MRI of the left foot with authorization for a podiatric followup with [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Review of Interferential unit dos 1/5/2012 for right foot and ankle:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

**Decision rationale:** The California MTUS Guidelines state that interferential current stimulation is not recommended as an isolated intervention. There should be documentation that pain is ineffectively controlled due to the diminished effectiveness of medications or side effects, a history of substance abuse or significant pain from postoperative conditions. As per the clinical documentation submitted, there is no evidence of a failure to respond to conservative treatment. Guidelines further state that a 1 month trial should be initiated, and evidence of resulting pain and functional improvement should be documented. There is no evidence of a successful 1 month trial prior to the request for a unit purchase. There was also no evidence of a treatment plan with the specific short and long-term goals of treatment with the unit. Based on the clinical information received, the request is non-certified

**Retrospective Review of hot and cold unit with pump dos 1/5/2012 for right foot and ankle:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state that patients may use applications of heat or cold at home before or after exercises, and they are as effective as those performed by therapists. As per the documentation submitted, there is no evidence that this patient has undergone a recent surgical intervention. There was also no mention of a contraindication to at home local applications of heat or cold as recommended by the California MTUS/ACOEM Practice Guidelines. The medical necessity has not been established. Therefore, the request is non-certified.