

Case Number:	CM13-0063027		
Date Assigned:	01/17/2014	Date of Injury:	08/22/2013
Decision Date:	03/25/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine and Rehabilitation 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 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:

This patient sustained an injury on 8/22/13. Mechanism of injury was from prolonged working, standing, and carrying resulting in right leg, ankle, and toes and wrists pain. Request under consideration include purchase of an Tinterferential stimulator (IF unit) and one year of supplies. Diagnoses included post-traumatic anxiety, right ankle foot sprain. MRI of right ankle on 10/22/13 showed tendinitis and edema of medial collateral ligament; large calcaneal heel spur with plantar tendinitis. Report of 10/14/13 from provider noted patient with complaints of insomnia, right leg and right ankle pain. Exam of right ankle & foot showed positive tenderness over medial and lateral malleolus and plantar fascia; and range of motion of right ankle/foot painful with extreme ranges. Chiropractic report dated 10/31/13 noted persistent right ankle pain and swelling. Handwritten note of 11/6/13 from provider noted increased left foot pain. Diagnoses included calcaneal spur and PTSD. Request for Interferential Stimulator (IF Unit) purchase with one-year supply was non-certified on 11//18/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for the purchase of an interferential stimulator (IF unit) and 1 year of supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), Page(s): 118-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy, Page(s): 115-118.

Decision rationale: MRI of right ankle on 10/22/13 showed tendinitis and edema of medial collateral ligament; large calcaneal heel spur with plantar tendinitis. The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved work status derived from any transcutaneous electrotherapy to warrant a purchase of an interferential unit for home use for this cumulative trauma and anxiety injury. The IF-4 unit for home use is not medically necessary and appropriate.