

Case Number:	CM14-0001729		
Date Assigned:	01/22/2014	Date of Injury:	04/20/2013
Decision Date:	04/07/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/06/2014

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 Orthopedic Surgery, 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 26-year-old claimant was injured on April 20, 2013 and has been treated for left ankle pain. There has been concern over a left mid-foot sprain. She has been treated for this by [REDACTED]. Notes were provided from [REDACTED] office from April and May of 2013 that documented that she was treated with a boot and anti-inflammatories

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR AN INTERFERENTIAL UNIT WITH GARMENT FOR TWO MONTHS FOR THE LEFT ANKLE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-119.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines specifically state that an interferential unit is not recommended except in conjunction with recommended treatments including return to work, exercise, and medications. In this case, there is no documentation that this claimant has returned to work. Therefore, an interferential unit cannot be certified in this case based upon the MTUS Chronic Pain Guidelines.

