

Case Number:	CM14-0008873		
Date Assigned:	02/14/2014	Date of Injury:	11/16/2012
Decision Date:	06/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/23/2014

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 Physical Medicine & 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 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:

This is a female patient with the date of injury of November 16, 2012. A utilization review determination dated January 9, 2014 recommends non-certification of an IF unit. The previous reviewing physician recommended non-certification of an IF unit due to lack of documentation of elaboration on the outcome of medication management or other conservative interventions including therapeutic activity, exercise and physical therapy. A Secondary Treating Physician's Interim Evaluation dated December 11, 2013 identifies Interim History of Present Illness of no interval improvement. She still has instability of the ankle joint. Orthopedic Evaluation identifies significant laxity of the left ankle. Drawer signs are positive. Inversion tilt sign is positive. She continues to show an antalgic ambulation. Diagnoses identify sprain/strain of the left ankle, ligamentous laxity, chronic instability of left ankle joint, joint capsular laxity, and painful gait. Discussion/Treatment identifies she will be provided with interferential therapy to decrease symptomatology to improve neurostimulation and to aid in decrease swelling and edema she continues to suffer from off and on.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18, 2018).

Decision rationale: Regarding the request for IF unit, the MTUS Chronic Pain Guidelines state that interferential current stimulation is not recommended as an isolated intervention. The MTUS Chronic Pain Guidelines go on to state that patient selection criteria for interferential stimulation includes if pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsiveness to conservative treatment. If those criteria are met, then a one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation. Additionally, there is no documentation that the patient has undergone an interferential unit trial with objective functional improvement. In the absence of clarity regarding those issues, the current request is not medically necessary and appropriate.