

<b>Case Number:</b>	CM14-0101095		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 and Rehabilitation has a subspecialty in Interventional Spine 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 female with a date of injury of 01/10/2012. The listed diagnoses per [REDACTED] are: 1. Status post repair of posterior tibial tendon on the left ankle, by another physician. 2. Status post arthroscopic surgery of the left ankle, by another physician. 3. Status post tendon transfer, by another physician. 4. Failed back surgery to the left ankle and left foot. 5. Painful gait. According to progress report 04/23/2014, the patient is status post repair of posterior tibial tendon on the left ankle with tendon transfer in 2012. The patient presents with severe pain to palpation of the left ankle joint with pain on the medial aspect, and continues to show symptomatology without improvement. Patient ambulates with a cane and ankle brace on the left side. MRI from 09/30/2013 showed postsurgical changes in the navicular, as noted, most likely secondary to posterior tibial tendon repair, mild thickening of the soft tissue around and between the posterior tibial and flexor digitorum tendons. The treater is requesting an arthroscopic surgery of the left ankle, assistant surgeon, physical therapy 12 sessions, knee walker, boot, and Interential unit. Utilization review indicates, "Additional information was received from MRS on 06/17/2014 indicating that the patient was authorized for arthroscopic surgery of the left ankle." Utilization review denied the request for the IF unit.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 54, 114. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Index (web) Knee and Leg/Durable Medical Equipment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

**Decision rationale:** This patient is status post posterior tibial tendon repair on the left ankle with tendon transfer in 2012 and continues to complain of severe pain of the left ankle with pain on the medial aspect. The treater has asked for arthroscopic surgery of the left ankle, assistant surgeon, postop physical therapy, a boot, and interferential unit. The utilization review denied the request for IF unit stating the patient did not meet the indication for this DME. The MTUS Guidelines page 118 to 120 states interferential current stimulation is not recommended as an isolated intervention. "There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included the studies for back pain, jaw pain, soft tissue shoulder pain, cervical pain, and post-operative knee pain." For indications, MTUS mentions intolerability to meds, post-operative pain, history substance abuse, etc. For these indications, one-month trial is then recommended. In this case, treater's request lacks duration and time-frame and a home purchase of the unit is not recommended until a successful home trial for a month therefore IF Unit is not medically necessary.