MAXIMUS Federal Services

Case Number:	CM14-0112816		
Date Assigned:	08/22/2014	Date of Injury:	10/21/2013
Decision Date:	10/27/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/20/2014

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 Internal Medicine, 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 injured worker is a 20 year old female whose date of injury is 10/21/2013. On this date the injured worker slipped off a sidewalk and injured the left ankle. Treatment to date includes physical therapy, crutches, interferential stimulation, ankle brace, and home exercise program. The injured worker underwent extensive foot and ankle surgery at an early stage of treatment. Progress report dated 07/21/14 indicates that there is no left ankle reflex, and decreased strength and sensation left L5 and S1 distribution. Straight leg raising and bowstring are negative bilaterally. Diagnoses are sprain/strain lumbosacral spine, left ankle sprain, and underlying myelomeningocele.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit for the lumbar spine (for purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

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

Decision rationale: Based on the clinical information provided, the request for interferential unit for the lumbar spine (for purchase) is not recommended as medically necessary. The submitted

clinical records indicate that the injured worker has utilized an interferential stimulation unit; however, there are no objective measures of improvement provided to establish efficacy of treatment as required by CA MTUS guidelines. There are no specific, time-limited treatment goals provided in accordance with CA MTUS guidelines.