

Case Number:	CM14-0115916		
Date Assigned:	08/04/2014	Date of Injury:	02/04/2014
Decision Date:	10/01/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/21/2014

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 Pain 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 patient is a 52 year old female who sustained an industrial injury on 2/04/2014, to the left ankle and right knee. The mechanism of injury (MOI) is she stepped in a hole. She has residual mild left ankle pain. Treatment has included medications, rest, aircast boot, heat/cold application, physical therapy and acupuncture. An MRI of the left ankle on 3/17/2014 reveals suggestion of high-grade complete/near-complete tear of the peroneus brevis tendon near the fifth metatarsal base attachment. An Electromyography/Nerve conduction study (EMG/NCS) of the bilateral lower extremities on 6/5/2014 shows mild left tibial neuropathy. According to the 6/13/2014 PR-2, the patient complains of left ankle pain, dull or burning in quality, rated 3-6/10, dependent on activities, fluctuates with walking/standing, and decreased with rest. She reports struggling with her obesity. She also reports sharp right knee sharp 2-5/10, which fluctuates with stairs and kneeling. Functionally improved, but slower than expected. She has completed acupuncture and physical therapy. Physical examination findings are unchanged since 5/21/2014, the last visit. Diagnoses are left ankle peroneus brevis avulsion and right knee tri-compartmental OA with sprain. Treatment plan includes request for IM consult and left ankle surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

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

Decision rationale: According to the ACOEM guidelines, insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. The medical records do not establish the patient has failed standard treatment measures. According to the CA MTUS guidelines, interferential current stimulation is not generally recommended as there is no evidence supporting or establishing efficacy in this form of treatment. According to the 6/13/2014 PR-2, the patient is diagnosed with left ankle peroneus brevis avulsion and rule out right knee tricompartmental OA with sprain. The medical records do not establish this patient has any of the criteria such as history of substance abuse or significant postoperative pain, or ineffective pain control with medications due to significant side effects. The medical do not establish that purchase (or rental) of the requested IF unit is appropriate or medically necessary for the management of this patient's diagnoses.