

Case Number:	CM14-0123295		
Date Assigned:	08/08/2014	Date of Injury:	08/05/2013
Decision Date:	09/15/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/05/2014

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 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 51-year-old male who reported an injury on 08/05/2013. The mechanism of injury was not provided. On 02/12/2014, the injured worker presented with right ankle complaints. Upon examination, the injured worker had an antalgic gait. He was status post surgery (01/30/2014) with a removed cast, well-healed arthroscopic portals, and sutures were removed. Range of motion was supple, without crepitus, and motor strength was stiff and limited due to pain. There was intact sensation. The diagnoses were right ankle osteochondral lesion, talus, right ankle sprain, status post arthroscopic debridement, and microfracture. The provider recommended a Zynex interferential unit and supplies for 3 to 6 months; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zynex interferential unit and supplies for 3-6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for Zynex interferential unit and supplies for 3 to 6 months is not medically necessary. The California MTUS does not recommend a stim care unit as an isolated intervention. There is no quality evidence of effectiveness, except in conjunction with recommended treatments including return to work, exercise, and medications. It may be recommended if pain is ineffectively controlled by medications, for medication intolerance, in the case of a history of substance abuse, if there is significant pain from postoperative conditions which limit the ability to perform an exercise program or physical therapy treatments, or in the case of unresponsiveness to conservative measures. There is a lack of evidence within the documentation provided that would reflect diminished effectiveness of medications, a history of substance abuse, or any postoperative conditions that would limit the injured worker's ability to perform an exercise program or physical therapy treatments. The injured worker was status post arthroscopic debridement and microfracture as of 01/30/2014; there were no complaints of pain. There was a lack of documentation of the injured worker's unresponsiveness to conservative measures. The requesting physician did not include an adequate and complete assessment of the injured worker's objective functional condition which would demonstrate deficits needing to be addressed as well as establish a baseline by which to assess objective functional improvement over the course of therapy. Additionally, an interferential unit should be used in conjunction with recommended treatments such as exercise, return to work, and medications, and the provider's request does not indicate the body part that the Zynex interferential unit is indicated for in the request as submitted. As such, the request is deemed not medically necessary or appropriate.