

<b>Case Number:</b>	CM14-0133233		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Orthopedic Surgery 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 38-year-old male patient with a 2/18/14 date of injury, when he fell off a chair. 8/8/14 medical report indicates persistent right ankle pain and giving out with swelling. Objective findings include medial and lateral joint line tenderness on the right and moderate right ankle swelling. Diagnoses include right foot and ankle contusion and sprain/strain. Treatment to date has included E-stim, cane, immobilization in a cam boot and PT. There is documentation of a previous 8/14/14 adverse determination for lack of past benefit with electrical stim and a concurrent request for PT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X- Force Stimulator with garments for the right ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle Chapter, Electrical Stimulation

**Decision rationale:** CA MTUS does not address this issue. The device is a dual modality unit, offering TEJS and TENS functions that both use electrical stimulation to combat pain found in

the joint capsule. However, ODG states that electrical stimulators are not recommended. Ultrasound, laser, short-wave therapy and electrotherapy have no added value in lateral ankle injuries and are not recommended. In addition, the patient has used electrical stimulation before, but there remains no objective evidence of functional improvement with previous use. Lastly, the requesting provider did not establish circumstances that would warrant X-force treatment despite adverse evidence. Therefore, the request for X- Force Stimulator with garments for the right ankle is not medically necessary