

Case Number:	CM14-0158831		
Date Assigned:	10/02/2014	Date of Injury:	03/20/2013
Decision Date:	11/03/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/29/2014

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 patient is a 29 year old female who was injured on 03/22/2013 when she twisted her left ankle at work. Prior medication history included Ibuprofen 800 mg, Meloxicam, and Acetaminophen. She has been treated conservatively with physical therapy, TENS unit and home exercise program. She had a left knee arthroscopy on 11/06/2013. Diagnostic studies reviewed include MRI of the left ankle dated 08/05/2013 demonstrated tendinopathy of the posterior tibial tendon and a tear of the anterior talofibular ligament. Visit note dated 08/28/2013 states the patient presented with constant pain at the left ankle that she rated as an 8/10. There was associated numbness and tingling of the Achilles tendon. On exam, she had tenderness to palpation of the left posterior tibialis tendon. She walked with a limp but there was no weakness or atrophy. She had tenderness of the left ankle but normal range of motion. She had tenderness over the medial malleolus, AITFL, CF ligament and posterior TFL tenderness. The patient is diagnosed with ankle sprain. This patient has been recommended for a diagnostic ultrasound study of the left ankle and an interferential unit. An Ergonomic evaluation is felt to be appropriate as well. Prior utilization review dated 09/16/2014 states the request for Interferential unit is not certified as medical necessity has not been established; Diagnostic ultrasound study of the left ankle is not certified as there is no documented evidence to support the request; Ergonomic evaluation and modification of workstation is certified to determine appropriate modifications.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and leg, Interferential current therapy

Decision rationale: The guidelines do not recommend interferential unit as an isolated intervention. According to the guidelines an interferential unit can be considered when pain has been ineffectively controlled with medications and conservative care, uncontrolled pain in the setting of substance abuse, significant postoperative pain and unable to participate in therapy, or unresponsive to conservative care. If the patient fits into one of these criteria a one-month trial may be appropriate. The clinical documents did not establish the patient as meeting one of the above criteria. Additionally, it does not appear the patient has undergone a one-month trial with a interferential unit. The patient was approved for a TENS unit but the efficacy of the unit was not sufficiently discussed. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Diagnostic ultrasound study of the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and leg, Ultrasound, Diagnostic

Decision rationale: The guidelines generally do not recommend diagnostic ultrasound for evaluation of the ankle. In regards to the musculoskeletal system, ultrasound is used for ultrasound guided injections of the knee but has not been shown to be very sensitive for soft tissue injuries. The patient already had a diagnostic MRI of the ankle which is superior to ultrasound. It is unclear why an ultrasound was ordered or what conditions the physician is evaluating. It is not clear how an ultrasound would alter management at this time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Ergonomic evaluation and modification of workstation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <https://www.osha.gov/SLTC/etools/computerworkstations/checklist.html>

Decision rationale: The guidelines state that ergonomic workstation evaluation and modification and job redesigning to accommodate in a workplace may be the most cost-effective measures in the long run. Primary prevention such as exercise breaks are low-cost and have been shown to be effective. The patient does have ongoing complaints of pain and discomfort. The ergonomic evaluation will likely increase the chance of successful return to work. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.