

Case Number:	CM14-0020952		
Date Assigned:	04/30/2014	Date of Injury:	06/28/2007
Decision Date:	07/08/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/19/2014

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 Occupational 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 applicant is a represented 58-year-old who has filed a claim for chronic foot, ankle, and knee pain reportedly associated with an industrial injury of June 28, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; multiple foot and ankle surgeries; unspecified amounts of physical therapy; and unspecified amounts of acupuncture over the life of the claim. In a Utilization Review Report dated February 3, 2014, the claims administrator denied a request for an interferential stimulator device. The claims administrator stated the attending provider had not documented any functional improvement associated with earlier usage of the interferential stimulator device. The applicant's attorney subsequently appealed. Multiple progress notes were surveyed, many of which were sparse, handwritten, not entirely legible, and employed preprinted checkboxes. On July 8, 2013, the applicant was placed off of work, on total temporary disability. The applicant was described as reporting persistent, chronic foot and ankle pain. On July 15, 2013, a foot and ankle MRI was sought by the applicant's podiatrist. In another note of August 19, 2013, the attending provider suggested the applicant pursue additional chiropractic treatment, manipulative therapy, acupuncture, and Norco while remaining off of work. A pain management consultation was sought at that point in time. The applicant was kept off of work on office visits of September 20, 2013 and October 3, 2013. The applicant underwent a partial exostectomy surgery of the foot on October 11, 2013. On December 10, 2013, it was stated that the applicant had been laid off by her former employer. Norco, Soma, acupuncture, and limited weight-bearing were endorsed. On March 10, 2014, the attending provider suggested that the applicant use a topical compounded gabapentin containing cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE INTERFERENTIAL UNIT: 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 Topic Page(s): 120.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, a one-month trial of interferential stimulator device is appropriate in applicants in whom pain is ineffectively controlled due to diminished medication efficacy, history of substance abuse that would make provision of analgesic medications unwise, and/or pain associated with postoperative conditions which would limit an applicant's ability to perform exercise programs and/or physical therapy treatment. In this case, however, no clear rationale for the device in question has been proffered by the attending provider. The documentation, as previously noted, is sparse, handwritten, difficult to follow, not entirely legible, and employs preprinted checkboxes, for the most part. There was no mention of the applicant's having failed other forms of treatment. There was no evidence of pain limiting participation in exercise programs here. There was no evidence, furthermore, that the applicant had completed a successful one-month trial of the interferential stimulator device before a request to purchase the item in question had been provided.