

Case Number:	CM14-0043504		
Date Assigned:	07/02/2014	Date of Injury:	10/16/2013
Decision Date:	08/29/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/10/2014

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 Illinois. 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 50-year-old female who reported an injury on 10/16/2013. The mechanism of injury was not specifically stated. Current diagnoses include ankle sprain and pain in a joint involving the ankle and foot. The injured worker was evaluated on 02/26/2014 with complaints of persistent swelling and throbbing pain in the left foot and ankle. Physical examination revealed tenderness, swelling, limited range of motion, difficulty walking, and muscle weakness. It is noted that the injured worker has completed a course of physical therapy. Treatment recommendations included additional physical therapy and an interferential unit for a 30 to 60-day rental followed by a purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: IF (Interferential Stimulation) unit, 30-60 days rental, purchase if effective: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Interferential Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 117-121 Page(s): Page 117-121.

Decision rationale: The California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There should be documentation that pain is

ineffectively controlled due to the diminished effectiveness of medications or side effects, history of substance abuse, or significant pain from postoperative conditions. As per the documentation submitted, there is no evidence of an exhaustion of conservative measures. Guidelines further state, if the device is to be used, a 1-month trial should be initiated and evidence must be documented prior to a purchase. Therefore, the current request does not fall within Guideline recommendations. As such, the request is non-certified.

IF (Interferential Stimulation) unit and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Interferential Stimulation.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's Interferential Unit has not been authorized, the current request for the associated supplies is also not medically necessary. Therefore, the request is non-certified.