

<b>Case Number:</b>	CM14-0053283		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/17/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Montana. 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 maintenance worker who sustained an injury on 12/17/13 when he was carrying a desk and it fell onto his right foot. X-rays show closed fractures of the third and fourth toes. Initial treatment included pain medication, fracture boot and crutches. He continues to complain of right ankle and foot pain described as constant and severe, aggravated by walking and standing. The pain radiates up into the right thigh. He also complains of headaches, stress related to the injury and sleep disturbance secondary to pain. Impacted activities of daily living include ability to stand and walk. His current diagnoses include closed fractures of the right foot and toes, bursitis, capsulitis and tendinitis of the right foot, anxiety and sleep disorder. The primary treating physician has requested multi-interferential stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multi Interferential Stimulator, One Month Rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulator (ICS) Page(s): 120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy / Interferential Current Stimulation Page(s): 118-120.

**Decision rationale:** The MTUS citation states that, while not recommended as an isolated intervention, interferential current stimulation devices are possibly appropriate if pain is ineffectively controlled due to diminished effectiveness of medication or side effects, if there is a history of substance abuse, if there is significant pain from postoperative conditions or the injured worker is unresponsive to conservative measures. The medical records do not indicate continued use of medications since the injury or diminished effectiveness of medication or side effects. Although the current treating physician has recommended physical therapy there is no evidence for unresponsive to such conservative measures since the work injury and prior to consideration of multi-interferential stimulator. The MTUS criteria are not currently met and, as such, the multi interferential stimulator is determined to be not medically necessary.