MAXIMUS Federal Services

Case Number:	CM14-0071680		
Date Assigned:	07/16/2014	Date of Injury:	07/08/2010
Decision Date:	09/11/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/19/2014

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 Emergency 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:

This patient has a reported date of injury on 7/8/2010. Mechanism of injury is described as a blunt/crush injury to both feet while at work. There is an incomplete diagnosis list provided. Note mentions a diagnosis of chronic bilateral epicondylitis, chronic L hip pain, chronic lumbar spine pain with bilateral radiculitis and chronic foot pains. Patient is post multiple foot/toe surgery on 9/09, 12/09 and 12/11 which included Left toe implant, Right foot osteotomy and bone fusion of Left toe.Medical records were reviewed. Last report available provided was 1/14/14. Last complete report was provided until 10/18/13. Random tests including urine drug screens and labs were provided until 3/4/14 but no recent progress notes or proper history and physical was provided for review.Patient complains of bilateral feet pain. Patient also complains of nausea, acid reflux and constipation. Objective exam reveals antalgic gait. Absent are reflexes in lower extremities. No noted swelling. No noted pain on exam. No imaging or electrodiagnostic reports were provided for review. A Urine Drug Screen (3/4/14) was negative. Medication list includes Tramadol, Ibuprofen and omeprazole.An Independent Medical Review is for "night splint" and Interferential Unit. The request for service was received on 4/9/14 but last record available for review was provided until 1/14/14 only. Prior UR on 4/21/14 recommended non-certification due to lack of information.

IMR ISSUES, DECISIONS AND RATIONALES

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

Night splint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-371.

Decision rationale: As per MTUS ACOEM guidelines, night splints may be recommended in treatment of plantar fasciitis. However, the request does not have any recent physical exam documented or rationale for request. Patient also does not have a diagnosis of plantar fasciitis. Night splint is not medically necessary.

Interferential (IF) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

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

Decision rationale: As per MTUS Chronic pain guidelines, Interferential Current Stimulation is not recommended as isolated modality. There is very little evidence to show it is superior to standard Transcutaneous Electrical Nerve Stimulation(TENS). The documentation does not meet guideline criteria for recommendation. There is no documentation of a functional physical therapy program. The lack of an end goal of therapy does not support use ICS. There is also no documentation of prior attempt of use of TENS. Criteria suggest ICS may be recommended in cases where post-op conditions may restrict physical therapy but patient is no post-operative. There are no recent progress notes provided for review and there are no documented rationale for ICS request, ICS is not medically necessary.