MAXIMUS Federal Services

Case Number:	CM14-0079721		
Date Assigned:	07/18/2014	Date of Injury:	06/04/2010
Decision Date:	08/27/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/30/2014

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:

The injured worker has a reported date of injury on 6/4/2010. No mechanism of injury was provided. Patient has a diagnosis of bilateral plantar fasciitis. Patient is post right plantar fascia release (5/11). Medical records were reviewed and the last report available until 4/21/14. The patient complains of bilateral foot pain, the left worse than right side. The objective exam reveals antalgic gait. Well healed incision over right foot on plantar aspect and tenderness to the left plantar fascia. Symptoms increased with activation of windlass mechanism. No other imaging or electrodiagnostic reports were provided. No medication list was provided.Patient has been treated with orthotics, night splints and Cortisone injections with minimal improvement and the documentation of other conservative treatments with little improvement.The prior utilization review dated on 5/7/14 recommended not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Current Stimulation (ICS): 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(ICS) Page(s): 118-120.

Decision rationale: As per MTUS Chronic Pain Guidelines, Interferential Current Stimulation is not recommended as an 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 was no documentation of a functional physical therapy program (instead the primary treating physician recommends surgery). The lack of an end goal of therapy does not support the use of ICS. There was also no documentation of prior attempts of the use of a TENS unit. Criteria suggest ICS may be recommended in cases where post-op conditions may restrict physical therapy but patient is not post-operative therefore Interferential Current Stimulation is not medically necessary.