

Case Number:	CM14-0081922		
Date Assigned:	07/18/2014	Date of Injury:	06/24/2013
Decision Date:	09/19/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/04/2014

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:

This is a 54-year-old female with a 6/24/13 date of injury, when she sustained an injury to the left ankle. The mechanism of the injury was not described. The patient was seen on 3/28/14 with complaints of constant moderate to severe dull, achy, sharp left ankle pain radiating to the toes. The pain was associated with numbness and was aggravated by standing and walking. Exam findings revealed that the patient was walking with a slight limp. There was 3+ tenderness to palpation of the Achilles tendon, anterior ankle, lateral malleus, medial malleolus, and plantar heel. There was a muscle spasm noted in the anterior calf and drawer test caused pain. The progress note stated that the patient was waiting NCV testing and FCE evaluation. The diagnosis is left Achilles tendonitis, left ankle pain, left ankle sprain, left calcaneofibular sprain/strain. Treatment to date: physical therapy and medications. An adverse determination was received on 05/02/14 given the patient was awaiting consultations and electrodiagnostic test data and Interferential unit was not necessary at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inferential unit trial Qty:90: 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 Therapy
Page(s): 118-120.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform; exercise programs/physical therapy treatment; or unresponsive to conservative measures. There is a lack of documentation indicating that the patient's pain was controlled ineffectively or that the patient had history of substance abuse. In addition, the Guidelines recommend 30 days trial of Interferential Therapy (IF) Unit and it is not clear why the request indicated quantity of 90. There is no rationale with regards to the need for the IF Unit for that patient. Therefore, the request for Inferential Unit trial Qty: 90 is not medically necessary.