

Case Number:	CM14-0087831		
Date Assigned:	07/23/2014	Date of Injury:	01/10/2012
Decision Date:	10/02/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/12/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 59 year old female who sustained an industrial injury on 01/10/2012. The mechanism of injury was jumping to reach a metal rack, landing on her left ankle. Her diagnosis was left ankle fracture- s/p open reduction and internal fixation, and s/p repair of the left posterior tibial tendon of the left ankle, with tendon transfer. She continues with left ankle pain. On exam there is pain to palpation of the left ankle. Treatment in addition to surgery has included medical therapy including narcotics and topical compounded medications. The treating provider has requested an Interferential Unit and a shower boot.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF (Interferential) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Unit

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

Decision rationale: There is no indication for the requested interferential current stimulation (ICS). It is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work,

exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. There is no indication for this treatment modality for chronic ankle pain. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.

Shower Boot: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Durable Medical Equipment Coverage

Decision rationale: The requested surgical procedure has not been certified, therefore there is no medical necessity for the requested shower boot. The shower boot would be indicated to protect the healing surgical site. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.