

<b>Case Number:</b>	CM14-0097926		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	05/10/2013
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Physical Medicine and Rehabilitation 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:

According to the records made available for review, this is a 47-year-old male with a 5/10/13 date of injury. At the time (6/5/14) of request for authorization for interferential unit right ankle, there is documentation of subjective (right ankle pain, right foot pain, pain to both knees with left side greater than right) and objective (right knee tenderness to the right medial tibial plateau, left medial tibial condyle, and bilateral lateral tibial plateau, ankle tenderness to the right cuboid bone, calcaneus and Achilles tendon, limited and painful range of motion, lumbar spine tenderness along the spinous processes L4-S1 and lumbosacral junction) findings, current diagnoses (sprain right ankle, right foot sprain/strain rule out internal derangement, bilateral knee sprain/strain, and lumbar spine sprain/strain rule out disc herniation), and treatment to date (activity modification and medications). There is no documentation that the IF unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential Unit Right Ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 117-120.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies that interferential current stimulation is not recommended as an isolated intervention and that 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. Within the medical information available for review, there is documentation of diagnoses of sprain right ankle, right foot sprain/strain rule out internal derangement, bilateral knee sprain/strain, and lumbar spine sprain/strain rule out disc herniation. However, there is no documentation that the IF unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Therefore, based on guidelines and a review of the evidence, the request for interferential unit right ankle is not medically necessary.