

Case Number:	CM14-0201661		
Date Assigned:	12/11/2014	Date of Injury:	05/19/2014
Decision Date:	02/03/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab 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 patient is a 47 year old male with date of injury 05/19/14 where the patient tripped inside an apartment building and fell of a scaffold about 8 feet high, landing on stairs and twisting his left ankle causing an open injury with the bone protruding out. The treating physician report dated 05/19/14 indicates that the patient presents with pain affecting the left ankle, left-sided chest/rib, pelvic pain, and cervical/thoracic/ lumbar spine. (6, 182). The physical examination findings reveal moderate swelling of the left lower leg/ankle/foot, tenderness to palpation is present over the left lower leg, cervical spine showed decreased in the cervical lordotic curvature, cervical tenderness to palpation with slight to mild spasm/muscle guarding cervical rang of motion is flexion- 44 degrees, extension- 49 degrees, right rotation is 69 degrees, and left is 72 degrees. The physical examination findings of the thoracic spine reveal tenderness to palpation with slight to mild spasm/muscle guarding, range of motion flexion- 38 degrees, right rotation- 22 degrees and left is 22 degrees. The physical examination findings of the lumbar spine reveal tenderness to palpation with slight to mild spasm/muscle guarding over the paraspinal musculature, left side being greater than the right and sensation to pinprick and light touch is decreased in the left lower extremity. Bilateral knee examination revealed tenderness over the medial joint lines and range of motion right flexion- 123 degrees and left flexion- 126 degrees. Left shoulder examination revealed tenderness and positive impingement test. Prior treatment history includes left ankle surgery, physical therapy, home exercises, antibiotics, pain medication, crutches, and acupuncture. MRI findings reveal L5-S1 4mm midline disc protrusion resulting in abutment of the descending S1 nerve roots bilaterally with a mild degree of central canal narrowing. X-Ray findings reveal distal 1/3 fibular fracture with angulation about 30 degrees and complete disruption of mortise and with tibia protruding out of the soft tissue with possible medial malleolus and possible distal medial tibial fracture. The current diagnoses are: 1. Status post

open reduction/ internal fixation of an unstable fracture of the mid to distal fibula and medial malleolus 2. Cervical musculoligamentous sprain/strain with slight spondylosis3. Thoracic musculoligamentous sprain/strain4. Lumbar musculoligamentous sprain/strain with left lower extremity radiculitis, facet arthropathy and spondylosis5. Bilateral knee sprain 6. Left shoulder periscapular sprain/strain and impingement syndrome7. Bilateral wrist sprainThe utilization review report dated 11/04/14 denied the request for Interferential Unit and Interferential unit supplies: Lead wires, electrode, batteries and wipes based on not enough evidence per MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit: Upheld

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

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

Decision rationale: The patient presents with pain affecting the left ankle, left-side chest/rib, pelvic pain, and cervical/thoracic/ lumbar spine. The current request is for an Interferential Unit. The treating physician states, "Patient has utilized the interferential stimulator during the prescribe trial period. The patient has benefited from daily use of the medical device with improved function, decreased pain, and reduction of need for pain medication. Purchase of the device will provide the patient with self-management modality to control pain, spasm, promote active exercise/ rehab program, improve functional capacity, and activities of daily living." The MTUS guidelines only support interferential units if "Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment." In this case, the treating physician has documented that physical therapy has helped the patient in recovery. There is not any documentation that the patient has had increased pain since surgery. On a 09/22/14 physical therapy report it states that the patient is having decreased pain and was able to complete/tolerate all the exercises given to him. Recommendation is for denial.

Interferential unit supplies: Leadwires, electrode, batteries and wipes: Upheld

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

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

Decision rationale: The patient presents with pain affecting the left ankle, left-side chest/rib, pelvic pain, and cervical/thoracic/ lumbar spine. The current request is for Interferential unit supplies: Lead wires, electrode, batteries and wipes. The treating physician states, "Patient has utilized the interferential stimulator during the prescribe trial period. The patient has benefited

from daily use of the medical device with improved function, decreased pain, and reduction of need for pain medication. Purchase of the device will provide the patient with self-management modality to control pain, spasm, promote active exercise/ rehab program, improve functional capacity, and activities of daily living." The MTUS guidelines only support interferential units if "Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment." In this case, the treating physician has documented that physical therapy has helped the patient in recovery. There is not any documentation that the patient has had increased pain since surgery. On a 09/22/14 physical therapy report it states that the patient is having decreased pain and was able to complete/tolerate all the exercises given to him. Recommendation is for denial of the supplies as the Interferential unit is not medically necessary.