

Case Number:	CM15-0016539		
Date Assigned:	02/04/2015	Date of Injury:	09/16/2013
Decision Date:	05/08/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Internal Medicine

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 is a 53 year old female, who sustained a work/ industrial injury to the left ankle on 9/16/13. She has reported symptoms of left foot and ankle pain, swelling and numbness and tingling of the second and third toes of the left foot with instability to the left ankle. Prior medical history was noncontributory. The diagnoses have included heel contusion, ankle sprain, and shoulder contusion. Magnetic Resonance Imaging (MRI) of 11/6/13 reported gross plantar fasciitis versus acute traumatic intrasubstance tear of the medial and lateral bands of the plantar fascia at their heel insertion, sprain of the posterior fibulotalar ligament and components of the deltoid ligament. MRI of 11/6/13 noted tendon sprain and tenosynovitis involving the extensor hallucis longus tendon, involving nearly its entire course within the forefoot. Per treating physician's evaluation report dated 1/22/14, there was tenderness about the lateral aspect of the left foot with mild lateral instability. X-rays demonstrated no soft tissue swelling. Treatment to date has included conservative care, medication, and diagnostic testing. A Brostrom stabilization procedure was recommended. On 1/16/15, Utilization Review non-certified a Interferential Stimulator rental x 1 month; Surgery supplies (electrodes x 4, replacement batteries x 12, adhesive remover x 16, lead wire x 1 pair) purchase, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Stimulator rental x 1month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation.

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

Decision rationale: MTUS states that Electrotherapy is recommended in conjunction with other recommended treatments, including return to work, exercise and medications. This form of treatment is appropriate for patients with significant pain from postoperative conditions that limit the ability to perform exercise programs/physical therapy treatment, or refractory to conservative measures (e.g., repositioning, heat/ice, etc.), patients whose pain is ineffectively controlled due to diminished effectiveness or side effects of medications or patients with history of substance abuse. If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. The injured worker has chronic ankle sprain and instability with planned surgical intervention. Physician reports fail to show preoperative recommendation for use of interferential stimulator and there is no evidence that listed medications will be ineffective postoperatively. Documentation does not support that the injured worker's condition meets criteria for the use of interferential unit. The request for Interferential Stimulator rental x 1 month is not medically necessary by MTUS.

Surgery supplies (electrodes x 4, replacement batteries x 12, adhesive remover x 16, lead wire x 1 pair) purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation.

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

Decision rationale: MTUS recommends Electrotherapy in conjunction with other recommended treatments, including return to work, exercise and medications. This form of treatment is appropriate for patients with significant pain from postoperative conditions that limit the ability to perform exercise programs/physical therapy treatment, or refractory to conservative measures (e.g., repositioning, heat/ice, etc.), patients whose pain is ineffectively controlled due to diminished effectiveness or side effects of medications or patients with history of substance abuse. Being that the injured worker's condition does not meet criteria for the use of interferential unit, the request for Surgery supplies (electrodes x 4, replacement batteries x 12, adhesive remover x 16, lead wire x 1 pair) purchase is not medically necessary.