

<b>Case Number:</b>	CM15-0135283		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	02/05/2006
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: California

Certification(s)/Specialty: Emergency 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 58 year old female, who sustained an industrial injury on 02-15-2006. On provider visit dated 05-22-2015 the injured worker has reported pain in feet. On examination, revealed right foot with hammertoes with soft tissue and a mild bunion was noted. Pain with palpation of posterior tibial muscle, posterior tibial tendon and 2nd metatarsal phalangeal joint was noted. Positive Tinel's sign was noted at posterior tibial nerve at the medial malleolus on left and right. The diagnoses have included osteoarthritis, sinus tarsal syndrome, metatarsalgia and retro calcaneal bursitis. Treatment to date has included home exercise program, orthotics and medication. The provider requested Iontophoresis treatments for right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Iontophoresis treatments for right ankle: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle: Iontophoresis.

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, Iontophoresis is not recommended with no evidence to support its use. Iontophoresis is a belief that magnetic fields can improve absorption of steroids topically. Iontophoresis is not medically necessary.