

Case Number:	CM15-0201394		
Date Assigned:	10/16/2015	Date of Injury:	10/30/2014
Decision Date:	11/25/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/13/2015

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 54 year old female who sustained an industrial injury on 10-30-2014. A review of the medical records indicated that the injured worker is undergoing treatment for left ankle calcaneofibular ligament sprain and mild left ankle synovitis. According to the treating physician's progress report on 09-17-2015, the injured worker continues to experience left ankle pain associated with tingling of the left plantar foot and decreased strength. Examination noted slight swelling of the anterolateral ankle with pain to palpation at the longitudinal arch. Left ankle range of motion was documented as 20 degrees dorsi-flexion, 60 degrees plantar flexion, 30 degrees inversion and 20 degrees eversion with lateral ankle discomfort to forced passive plantar flexion inversion. Posterior tibial pulse was 2+ bilaterally and dorsalis pedis was 1+ bilaterally. Motor strength on inversion and eversion was 5 out of 5 and Achilles deep tendon reflexes were intact bilaterally. Left ankle magnetic resonance imaging (MRI) was performed on 02-16-2015 and interpreted within the progress note dated 03-30-2015 indicating "intact anterior talofibular ligament, low grade strain of the calcaneofibular ligament, intact deltoid and spring ligaments and no abnormality of the ankle tendons". Prior treatments have included diagnostic testing, physical therapy (24sessions), cam walker, crutches, ankle foot brace and medications. Current medication was Tylenol. Treatment plan consists of acupuncture therapy, ice, heat, elevation and the current request for a Multi-Stimulation unit and supplies times 3 months (Solace Interferential unit) for left ankle to be dispensed through Post-Surgical Rehab specialists) QTY: 1.00. On 09-28-2015 the Utilization Review determined the request for Multi-Stimulation

unit and supplies times 3 months (Solace Interferential unit) for left ankle, QTY: 1 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi Stim unit and supplies 3 months (Solace Interferential unit) for left ankle to be dispensed through Post Surgical Rehab specialists) qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: The requested Multi Stim unit and supplies 3 months (Solace Interferential unit) for left ankle to be dispensed through Post Surgical Rehab specialists) qty 1.00, is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, page 118-120, noted that this treatment 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. There are no published randomized trials comparing TENS to Interferential current stimulation; and the criteria for its use are: "Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." The injured worker has left ankle pain associated with tingling of the left plantar foot and decreased strength. Examination noted slight swelling of the anterolateral ankle with pain to palpation at the longitudinal arch. Left ankle range of motion was documented as 20 degrees dorsi-flexion, 60 degrees plantar flexion, 30 degrees inversion and 20 degrees eversion with lateral ankle discomfort to forced passive plantar flexion inversion. Posterior tibial pulse was 2+ bilaterally and dorsalis pedis was 1+ bilaterally. Motor strength on inversion and eversion was 5 out of 5 and Achilles deep tendon reflexes were intact bilaterally. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, Multi Stim unit and supplies 3 months (Solace Interferential unit) for left ankle to be dispensed through Post Surgical Rehab specialists) qty 1.00 is not medically necessary.