

Case Number:	CM15-0054605		
Date Assigned:	03/30/2015	Date of Injury:	11/25/2012
Decision Date:	05/05/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/23/2015

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: Preventive Medicine, Occupational 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 male, who sustained an industrial injury on 11/25/2012. He reported a fall from a surface of 3-6 feet, landing on his left foot. The injured worker was diagnosed as having fracture of the left medial malleolus, status post and bilateral knee pain. Treatment to date has included left malleolar open reduction and internal fixation on 12/19/2012, medications, and physical therapy. Currently, the injured worker complains of constant left ankle pain, swelling, left foot pain and numbness, and left foot swelling. His pain was rated 3-4/10. Pain was documented as improved with physiotherapy, evidenced by the ability to walk longer. The treatment plan included magnetic resonance imaging of the left knee and left ankle, physiotherapy, interferential stimulator for home use, left knee hinged brace and topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Stimulator, home rental, 60 days, for Left Ankle, Left Foot, Right Foot, Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS)/ Transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 118-120.

Decision rationale: According to the MTUS an interferential current stimulation (ICS) 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. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue, shoulder pain, cervical neck pain and knee pain. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. Interferential Stimulator, home rental, 60 days is not medically necessary.