

Case Number:	CM15-0061029		
Date Assigned:	04/07/2015	Date of Injury:	01/16/2015
Decision Date:	05/11/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	03/31/2015

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: Texas, Illinois

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 32 year old female, who sustained an industrial injury on 1/16/15. She reported right foot/ankle injury. The injured worker was diagnosed as having right ankle strain/sprain rule out internal derangement/lateral instability, right knee strain/sprain and lumbar spine strain/sprain rule out radiculitis/radiculopathy right greater than left. Treatment to date has included oral medications, physical therapy, ankle brace and activity restrictions. X-rays of right ankle were performed. Currently, the injured worker complains of constant pain in right ankle, traveling to her upper leg and extending to her low back. Upon physical exam, abnormal gait is noted along with tenderness and spasm of lumbar paraspinal musculature bilaterally and tenderness is also noted over the lateral malleolus on the right with lateral instability of right ankle. The treatment plan consisted of request for authorization for interferential treatment unit, right ankle splint and 12 further physical visits (she previously discontinued physical therapy as it was causing her more pain).

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit: 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 Interferential Current Stimulation (ICS) Page(s): 118-119.

Decision rationale: The injured worker sustained a work related injury on 1/16/15. The medical records provided indicate the diagnosis of right ankle strain/sprain rule out internal derangement/lateral instability, right knee strain/sprain and lumbar spine strain/sprain rule out radiculitis/radiculopathy right greater than left. Treatment to date has included oral medications, physical therapy, ankle brace and activity restrictions. The medical records provided for review do not indicate a medical necessity for IF Unit. The MTUS does not recommend it as an isolated treatment. Rather, the MTUS states, "There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications."