MAXIMUS Federal Services

Case Number:	CM15-0084772		
Date Assigned:	05/07/2015	Date of Injury:	08/22/2012
Decision Date:	06/26/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/04/2015

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: Physical Medicine & Rehabilitation

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 28 year old male who sustained an industrial injury on 08/22/2012. Current diagnoses include sprain strain ankle and arthroplasty. Previous treatments included medication management, and physical therapy. Previous diagnostic studies include a MRI of the lumbar spine dated 05/14/2015. Initial injuries occurred when the worker was carrying a bucket and a mop down stairs and twisted his right ankle. Report dated 02/16/2015 noted that the injured worker presented with complaints that included right ankle pain that radiates to the upper leg. Pain level was 7 out of 10 on a visual analog scale (VAS). Physical examination was positive for tenderness in the right ankle. The treatment plan included myofascial release, infrared light, electric stimulation, and electro stimulation. Disputed treatments include interferential unit/home exercise kit, rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferencial unit/home exercise kit rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, pages 115-118.

Decision rationale: The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved functional status derived from any transcutaneous electrotherapy to warrant a purchase of an interferential unit for home use for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process with exercises not demonstrated here. The Interferential unit/home exercise kit rental is not medically necessary and appropriate.