

Case Number:	CM14-0142780		
Date Assigned:	09/10/2014	Date of Injury:	12/05/2013
Decision Date:	10/14/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 29-year-old male who reported an injury on 12/05/2013. The injured worker sustained a combined crush and degloving injury of the left foot when he was pinned between a forklift and a wall. He sustained multiple fractures of all 5 digits which required Open Reduction Internal Fixation (ORIF) and pinning along with a split thickness skin graft to the foot. The injured worker's treatment history included medications, surgery, and physical therapy sessions. The injured worker was evaluated on 08/21/2014 and it was documented the injured worker complained of left foot pain and low back pain. The injury occurred secondary to a crush injury. The left 3rd toe and left 4th toe were amputated after the development of gangrene. There have been multiple surgeries. It was unclear whether there are open wounds. Diagnoses included foot injury. A Request for Authorization was not submitted for this review.

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 Page(s): 114-21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Interferential Current Stimulation (ICS Page(s): 118.

Decision rationale: The request for interferential current unit is not medically necessary. Per the Chronic Pain Medical Treatment Guidelines do not recommend interferential current. It 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 post-operative knee pain. The documents indicated the injured worker had physical therapy, however outcome measurements were not submitted. There was no documented TENS use. Additionally, the request failed to indicate the location where the interferential unit will be used. As such, the request is not medically necessary.