

<b>Case Number:</b>	CM14-0214197		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	12/05/2012
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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 patient is a 29 year old male with an injury date on 12/5/12. The patient complains of unchanged symptoms regarding the left foot, with continued pain in ambulating and weight bearing per 11/19/14 report. The patient is awaiting authorization for ORIF of the tibia with removal of the old fixation per 10/22/14 report. The patient has left knee pain rated 4-5/10, compensatory right foot pain rated 5/10 with increased pain in the mornings, and left ankle pain rated 4-5/10 with walking and standing per 10/21/14 report. Based on the 11/19/14 progress report provided by the treating physician, the diagnoses are: 1. Non healed and non-union of the left tibia 2. Painful gait 3. Fracture of the left tibia, s/p ORIF 4. pilon fractures 5. Degenerative joint disease of the left ankle joint. A physical exam on 11/19/14 showed "range of motion of bilateral feet is reduced." The patient's treatment history includes physical therapy (24 postoperative sessions helped him to learn to walk, but no improvement in range of motion per 9/24/14 report), home exercise program, X-rays, MRI of L-spine, MRI of left ankle. The treating physician is requesting interferential unit. The utilization review determination being challenged is dated 11/21/14 and denies request as there is no clear documentation that the patient has failed to adequately respond to medications, that medications have side effects, a history of substance abuse, or limitation in ability to perform exercise programs/physical therapy. The requesting physician provided treatment reports from 5/19/14 to 12/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Interferential (IF) Unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** This patient presents with bilateral foot pain and is status post ORIF of left ankle from 2012. The provider has asked for Interferential Unit but the requesting progress report is not included in the provided documentation. The utilization review letter dated 11/21/14 further clarifies request duration as 11/13/14 to 1/17/15. Review of reports show the patient has not been prescribed any medication but no explanation is provided as to why. The patient has not shown any improvement despite conservative treatment which has included 24 physical therapy sessions and home exercise program involving stretching per 8/13/14 and 11/19/14 reports. Review of the reports do not show any evidence of prior one-month trial of interferential unit use. Per MTUS guidelines, interferential units are recommended if medications do not work, if there is history of substance abuse, or for post-operative pain control. MTUS states, "After a one-month trial there should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A 'jacket' should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person." In this case, the patient is s/p ORIF of the left ankle from 2 years prior and has not had significant improvement. The provider is requesting an interferential unit for post-operative pain control which is reasonable as this patient has failed conservative treatment. However, there is no documentation that the patient has had a prior 1 month trial, and the request appears to be for 2 month duration. MTUS guidelines recommend a 1 month trial with documentation of functional improvement. The request is not medically necessary.