

<b>Case Number:</b>	CM15-0014408		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	08/26/2014
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Emergency 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 52-year-old female, who sustained an industrial injury on 08/26/2014. She has reported injury to the right ankle/foot. The diagnoses have included status post right ankle/foot sprain/strain with possible osteochondral defect and radiographic examination revealing chipped fracture of the distal medial malleolus. Treatment to date has included medications, diagnostics, bracing, home exercise program, and physical therapy. Medications have included Anaprox and Norco. A progress report from the treating physician, dated 01/05/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of right ankle/foot pain with associated swelling, weakness, and difficulties with weight-bearing activities. Objective findings included swelling over the talar dome extending to the lateral ligamentous joint complex; tenderness upon palpation over both the medial and lateral ligamentous joint complexes, as well as over the anterior talofibular ligament; tenderness to palpation over the talar dome; crepitus upon passive range of motion of the right ankle over the talar dome and internal ligamentous joint complex; motor testing reveals grade 4/5 weakness in all planes of motion including extension, flexion, inversion, and eversion; and ambulates with a moderate limp favoring the right lower extremity demonstrated by a shortened stride length and an externally rotated leg. The treatment plan has included the request for chiropractic therapy right ankle/foot x 8; and home interferential unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Therapy right ankle/foot x 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation page(s): 58-60.

**Decision rationale:** The requested Chiropractic Therapy right ankle/foot x 8, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, pages 58-60, recommend continued chiropractic therapy with documented derived functional improvement and does not recommend chiropractic therapy for the treatment of injuries to the ankle or knee. The injured worker has right ankle/foot pain with associated swelling, weakness, and difficulties with weight-bearing activities. Objective findings included swelling over the talar dome extending to the lateral ligamentous joint complex; tenderness upon palpation over both the medial and lateral ligamentous joint complexes, as well as over the anterior talofibular ligament; tenderness to palpation over the talar dome; crepitus upon passive range of motion of the right ankle over the talar dome and internal ligamentous joint complex; motor testing reveals grade 4/5 weakness in all planes of motion including extension, flexion, inversion, and eversion; and ambulates with a moderate limp favoring the right lower extremity demonstrated by a shortened stride length and an externally rotated leg. The treating physician has not documented objective evidence of derived functional improvement from any completed chiropractic sessions such as improvements in activities of daily living, reduced work restrictions or reduced medical treatment dependence; nor the medical necessity for chiropractic treatment of this extremity as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Chiropractic Therapy right ankle/foot x 8 is not medically necessary.

**Home Interferential Unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential current stimulation, page(s): 118-120.

**Decision rationale:** The requested Home Interferential Unit, is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, page 118-120, noted that this treatment 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. There are no published randomized trials comparing TENS to Interferential current stimulation; and the criteria for its use are: Pain is ineffectively controlled due to diminished effectiveness of medications; or pain

is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.).The injured worker has right ankle/foot pain with associated swelling, weakness, and difficulties with weight-bearing activities. Objective findings included swelling over the talar dome extending to the lateral ligamentous joint complex; tenderness upon palpation over both the medial and lateral ligamentous joint complexes, as well as over the anterior talofibular ligament; tenderness to palpation over the talar dome; crepitus upon passive range of motion of the right ankle over the talar dome and internal ligamentous joint complex; motor testing reveals grade 4/5 weakness in all planes of motion including extension, flexion, inversion, and eversion; and ambulates with a moderate limp favoring the right lower extremity demonstrated by a shortened stride length and an externally rotated leg. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, Home Interferential Unit is not medically necessary.