

Case Number:	CM15-0112906		
Date Assigned:	06/19/2015	Date of Injury:	09/03/2013
Decision Date:	07/20/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male, who sustained an industrial injury on September 3, 2013. The injured worker was noted to sprain his right ankle while working as a manager. The diagnoses have included right ankle osteochondral defect, right ankle sprain and pain in the joint of the ankle and foot. Treatment to date has included medications, radiological studies, physical therapy and right ankle surgery. Current documentation dated April 29, 2015 notes that the injured worker reported right foot nerve pain rated a seven out of ten on the visual analogue scale. Examination of the right foot revealed nerve pain in the lateral aspect of the foot which radiated to the right knee. The right knee was noted to have instability as well. Recent x-rays did not show an increase in the right ankle or knee osteoarthritis. The treating physician's plan of care included a request for additional physical therapy sessions # 12 for the right foot and an interferential unit (thirty to sixty day rental).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for the right foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 10, 14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in September 2013 and continues to be treated for right lower extremity pain. When seen, there was increased pain, rated at 7/10 with nerve pain radiating from the foot to the knee. There was right knee instability. Imaging results were unchanged. The claimant is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what would be expected to reestablish or revise a home exercise program. The request is not medically necessary.

Durable medical equipment (DME) interferential stimulation (IF) unit (30-60 day rental):
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): 120.

Decision rationale: The claimant sustained a work-related injury in September 2013 and continues to be treated for right lower extremity pain. When seen, there was increased pain, rated at 7/10 with nerve pain radiating from the foot to the knee. There was right knee instability. Imaging results were unchanged. In terms of interferential current stimulation, it is considered as possibly appropriate if it has been documented to be effective. These conditions include are when pain is ineffectively controlled due to diminished effectiveness of medications, when pain is ineffectively controlled with medications due to side effects, when there is a history of substance abuse, when there is significant pain from postoperative conditions which limits the ability to perform exercise programs/physical therapy treatment, or pain unresponsive to conservative measures such as repositioning and use of heat/ice While not recommended as an isolated intervention a one-month trial of interferential stimulation may be considered. However, rental of a unit for up to 60 days is not cost effective or medically necessary.