

<b>Case Number:</b>	CM15-0114654		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	12/06/2013
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 46 year old female, who sustained an industrial injury on 12/06/2013. Diagnoses include plantar fasciitis bilaterally, tenosynovitis and painful gait. Treatment to date has included diagnostics, NSAIDs and modified work. Per the Primary Treating Physician's Progress Report dated 4/20/2015, the injured worker reported severe pain of the plantar fascia of the feet bilaterally. She rates her pain as 8/10. Physical examination of the feet revealed pain with activation of the windlass mechanism. She continues to show poor functionality with weight bearing. The plan of care included surgery, and authorization was requested for an inferential unit.

### 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): 118.

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

**Decision rationale:** IF Unit is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the interferential unit 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. Additionally, the MTUS guidelines states that an interferential unit for home use requires a one-month trial to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. The MTUS states that an interferential unit can be used if there is significant pain from postoperative conditions that limits the ability to perform exercise programs/physical therapy treatment. The MTUS states that while not recommended as an isolated intervention an interferential unit can be considered if pain is ineffectively controlled due to diminished effectiveness of medications. The documentation does not indicate that the patient has had this trial with outcomes of decreased medication, increased function and decreased pain. The documentation indicates that the patient was recommended to undergo surgery but there is no evidence currently that the patient will be unable to perform her PT post operatively due to significant pain. The documentation does not support the medical necessity of the Interferential Unit.