

Case Number:	CM15-0122151		
Date Assigned:	07/14/2015	Date of Injury:	02/11/2014
Decision Date:	08/07/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/24/2015

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, Indiana, Oregon
Certification(s)/Specialty: Orthopedic Surgery

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 2/11/2014. She reported losing her balance while walking and rolling her left foot inwards. The injured worker was diagnosed as having status post inversion sprain left ankle and tenosynovitis left ankle. Treatment to date has included diagnostics, physical therapy, interferential unit, arthroscopic surgery to left ankle on 3/18/2015, and medications. The PR2 dated 10/13/2014 noted that an interferential unit was dispensed due to ongoing pain and swelling. On 3/23/2015, the injured worker complains of little to no pain. Left ankle incisions were dry and intact. The treatment plan included an interferential unit for indefinite use. The rationale for the requested treatment was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF (Interferential) unit, quantity: 1 (indefinite use): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Interferential Current Stimulation (ICS) Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines galvanic stimulation Page(s): 117.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Galvanic Stimulation, page 117 and Interferential Current Stimulation, page 118, provide the following discussion regarding the forms of electrical stimulation: Galvanic stimulation is not recommended by the guidelines for any indication. In addition interferential current stimulation is not recommended as an isolated intervention. In this case, the requested DME is not recommended by the CAMTUS and is therefore not medically necessary.