

<b>Case Number:</b>	CM15-0123304		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	11/15/2013
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: 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 (IW) is a 35 year old male who sustained an industrial injury on 11/15/2013. He reported right ankle pain after a fall at work. The injured worker was diagnosed as having a fracture of the right ankle. Treatment to date has included surgery, medications, and physical therapy. Currently, the injured worker complains of pain in the right ankle rated 4/10. He is non-weight bearing. Objectively, X rays of the right foot and right ankle show no increase of osteoarthritis. The treatment plan includes remaining off work until 07/20/2015, and use of an interferential (interferential current (IFC) is essentially a deeper form of TENS transcutaneous electrical nerve stimulation (TENS)) unit. A request for authorization is made for the following: 1. One IF units and supplies 30-60 day use, 2. One x-ray of the right foot (3 views), 3. One x-ray of the right ankle (3 views).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One IF units and supplies 30-60 day use: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Transcutaneous electrotherapy Page(s): 114-121.

**Decision rationale:** The claimant sustained a work injury in November 2013 and continues to be treated for right ankle and foot pain. When seen, he was having ongoing mild to moderate ankle pain rated at 4/10. There was decreased range of motion and tenderness. There was an antalgic gait with poor tolerance for weight bearing. A one-month trial of use of an interferential stimulator is an option when conservative treatments fail to control pain adequately. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one-month trial. If there were benefit, then purchase of a unit would be considered. Rental of a unit for up to 60 days is not cost effective and not medically necessary to determine its efficacy.