

<b>Case Number:</b>	CM15-0149424		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	08/28/2009
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 28 year old female, who sustained an industrial injury on August 28, 2009. She reported a twisting and fall injury in which she developed injury to her ankle and subtalar joint along with neuropathic pain over the lateral aspect of the ankle and foot. The injured worker was currently diagnosed as having neuropathy, traumatic arthritis, chronic ankle pain and hypesthesia. Treatment to date has included medication, H-wave therapy, Terocin patches, Unna boot with Ace wrap, injection, physical therapy and home exercises. On June 24, 2015, the injured worker complained of chronic, aching pain from the subtalar joint-sinus tarsitis along with pain that travels into the ankle. She was also noted to develop some plantar fasciitis bilaterally and pain in her lower back. The injured worker walked with an antalgic gait favoring the injured foot and putting more weight on the opposite extremity. She was noted to continue to use Terocin pain patches with Lidocaine in combination with the use of some oral narcotic medication. The treatment plan recommendation included Terocin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**lontophoreses (2) to right ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (online version), Iontophoresis.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** The patient presents with chronic, aching pain from the subtalar joint - sinus tarsitis along with pain that travels into the ankle. The current request is for iontophoreses (2) to right ankle. The treating physician states, in a report dated 05/20/15, "Treatment Plan: Iontophoresis." (79B) The ACOEM guidelines state, "Other miscellaneous therapies have been evaluated and found to be ineffective or minimally effective. In particular, iontophoresis and phonophoresis have little or no proven efficacy in treating foot and ankle complaints." In this case, the treating physician, based on the records available for review, recommended a treatment modality not supported by the guidelines. The current request is not medically necessary.