

<b>Case Number:</b>	CM15-0178222		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	09/23/1997
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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

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 69 year old female, who sustained an industrial injury on September 23, 1997, incurring right knee, left foot and ankle injuries. She was diagnosed with a left fractured foot and anklebone. She underwent left ankle surgery on September 23, 1997 and on July 2, 1999. She underwent a surgical right knee arthroscopy on March 2, 2001. Treatment included pain medications, topical analgesic patches, neuropathic medications, muscle relaxants, antidepressants, topical analgesic patches, trigger point injections, Unna boot, and activity restrictions and modifications. Currently, the injured worker complained of increased, persistent pain of the left foot and ankle with neuropathic burning pain. She noted decreased mobility and continuous pain with flexion of the foot and ankle. She is currently, wheelchair bound for mobility secondary to her left ankle and right knee injuries. She reported severe ankle swelling and hip and lower back pain secondary to compensatory gait changes. Currently, she was diagnosed with traumatic arthritis and neuropathic pain of the left foot and ankle. The treatment plan that was requested for authorization on September 10, 2015, included Iontophoresis treatment, quantity of one. On September 3, 2015, the request for Iontophoresis treatment, quantity of one, was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Iontophoresis Qty 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability guidelines, Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Iontophoresis & Topical Corticosteroids, page 13, 25.

**Decision rationale:** Iontophoresis is the use of electromagnetic force (0.5 mA to 20 mA) to enhance percutaneous absorption of a drug or chemical, such as dexamethasone, to relatively shallow depths (up to 10 mm). Per Guidelines, Iontophoresis is not recommended. The current evidence on Galvanic current (direct or pulsed), iontophoresis, TENS, EMS, PEMF and permanent magnets is either lacking, limited, or conflicting. There is very low quality evidence that iontophoresis is any more effective than placebo and treatment trial of Iontophoresis did not reduce pain or disability. Submitted reports have not demonstrated indication or necessity outside of guidelines criteria. The Iontophoresis Qty 1 is not medically necessary and appropriate.