

Case Number:	CM15-0076182		
Date Assigned:	04/27/2015	Date of Injury:	06/23/1997
Decision Date:	05/22/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/21/2015

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: New York
 Certification(s)/Specialty: Podiatrist

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 54 year old male, who sustained an industrial injury on 06/23/1997. He has reported injury to the left ankle/foot. The diagnoses have included severe crush injury subtalar joint and ankle; severe traumatic arthritis; severe neuropathy; plantar fibromatosis; and plantar fasciitis. Treatment to date has included medications, diagnostics, bracing, orthotics, injection, physical therapy. Medications have included Terocin patch and Norco. A progress note from the treating physician, dated 01/28/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of burning pain of the left heel/ankle at rest and chronic aching pain. Objective findings included walking with a limp; neuropathy; and hypesthesia. The treatment plan has included the request for 2 Iontophoresis sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Iontophoresis sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the requested iontophoresis treatments times to our not medically reasonable or necessary for this patient according to the guidelines. Chapter 14 of the MTUS guidelines states that: 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. While it is well-documented that this patient is indeed suffering with foot pain, iontophoresis treatments are not considered a medically reasonable or necessary treatment regime.