

Case Number:	CM15-0091620		
Date Assigned:	05/18/2015	Date of Injury:	07/24/2013
Decision Date:	06/22/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/12/2015

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: Preventive Medicine, Occupational Medicine

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 65 year old male who sustained an industrial injury on July 24, 2013. He has reported a foot injury and has been diagnosed with neuroma, second interspace, left foot, metatarsalgia of the left foot, particularly fifth metatarsal, and hallux valgus deformity and degenerative joint disease, first and second metatarsophalangeal joints. Treatment has included medical imaging, modified work duty, medications, physical therapy, and injections. He was ambulating in a full weight bearing status with a normal heel to toe gait. He still had pain to squatting, crouching, toe walking, and toe standing. It was noted that the injured worker had reached maximum medical improvement with no regression of symptoms noted. The treatment request included a purchase of an IF unit for the left foot postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of IF unit for the left foot post-operatively: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 118, 119.

Decision rationale: Due to the scientific uncertainty that interferential unit (IF) treatment is beneficial, the Guidelines have very specific recommendations before purchase and long term use. The recommendations include application by a health profession to determine if there is any benefit. If this application is helpful, then a rental and 30 day home trial is recommended to establish if there will be longer-term benefit. These Guideline recommendations have not been met prior to this request for the purchase of an IF unit. The purchase of IF unit for the left foot post-operatively is not supported by Guidelines and is not medically necessary.