

Case Number:	CM13-0015409		
Date Assigned:	10/08/2013	Date of Injury:	02/28/2013
Decision Date:	01/31/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 42 year old claimant has an injury date of February 28, 2013; he reportedly fell and sustained injuries to his left ankle, cervical spine, bilateral shoulders, arms and back. He is status post a left ankle surgery performed on March 12, 2013 and has been treated with postoperative physical therapy. Diagnoses are documented as fracture of the left medial malleolus, status post open reduction internal fixation, retained hardware, rule out internal derangement, rule out tarsal tunnel syndrome, and left ankle strain/sprain. The request for the interferential stimulator was submitted in July of 2013 and the denial was on the basis of a lack of documentation of a failed response to medications or other first line means of conservative care. Available records included a September 23, 2013 report from [REDACTED] documenting that the claimant reported with symptoms of left ankle pain and pain in the lumbar spine. He was in physical therapy and on examination there was no musculoskeletal exam, the only information was of the claimant's height and weight. It was noted that the claimant was in physical therapy. A July 2013 note did document examination of the left foot and ankle noting tenderness to palpation of the posterior talofibular ligament and positive effusion. Other treatment measures that were ordered included physical therapy as well as anti-inflammatory medication, Ultram, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

Decision rationale: The California MTUS states that interferential units are "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain" and that it may be "Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)". In this case, there is a lack of documentation that the pain was ineffectively managed with medications, and or other means of conservative care. Based on the available information the interferential stimulator would not be recommended as medically necessary.