

Case Number:	CM14-0141762		
Date Assigned:	09/10/2014	Date of Injury:	11/12/2012
Decision Date:	10/16/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/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:

The records presented for review indicate that this 39-year-old female was reportedly injured on November 12, 2012. The mechanism of injury was stated to be being struck in the back of the left foot. The most recent progress note, dated August 1, 2014, indicates that there are ongoing complaints of left foot pain with a limp causing low back pain, right foot pain, and bilateral knee pain. The physical examination demonstrated a strong limping gait with moderate swelling of the left foot and ankle. There was decreased left ankle range of motion and decreased lumbar spine range of motion with spasms. There was a negative bilateral straight leg raise test and increased sensation at the left L4-S1 dermatomes. Diagnostic imaging studies of the left ankle revealed a small osseous fragment at the posterior talus suspected to be an os trigonum. Thinning of the anterior talofibular ligament was noted. The Achilles tendon was stated to be normal. Previous treatment includes physical therapy. A request had been made for a 30 day trial of an A.R.T. inferential stimulator and was not certified in the pre-authorization process on August 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thirty day trial of A.R.T. interferential stimulation: 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 Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the use of an inferential stimulator is only recommended when pain is ineffectively controlled due to diminished effectiveness or side effects of medications. Additionally the patient should be determined to be unresponsive to other conservative measures. Review of the medical record does not indicate that medications are ineffective or that the injured employee has been unresponsive to physical therapy and other treatments. As such, this request for an A.R.T. inferential stimulator is not medically necessary.