

<b>Case Number:</b>	CM13-0012052		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	01/14/2011
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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 Occupational Medicine 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 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:

According to the records made available for review, this is a 50-year-old female with a 1/4/11 date of injury. At the time (6/26/12) of request for authorization for retrospective DME supplies, one month trial of generic TENS, DOS: 6/26/13, there is documentation of subjective (residual right foot and ankle pain) and objective (tenderness to palpation over the medial ligamentous complex and lateral ligamentous complex, and decreased right ankle range of motion) findings, current diagnoses (chronic right ankle sprain with mild ankle joint effusion and flexor digitorum longus tenosynovitis), and treatment to date (physical therapy, OrthoStim unit (helps control chronic pain and inflammation, reduce the need for prescription medications, reduce the need for office based medical care, and allow her to work with less distraction from pain), and medications). Medical report identifies response to home OrthoStim unit trial and request for home OrthoStim unit on a permanent basis with re-supply of electric stimulation pads, lead wires, and batteries.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE DME SUPPLIES, ONE MONTH TRIAL OF GENERIC TENS, DOS: 6/26/13:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 2ND EDITION, 8-14,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), Page(s): 117-120. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations

**Decision rationale:** OrthoStim unit is a combination of neuromuscular stimulation, interferential current stimulation, Galvanic stimulation, and transcutaneous electrotherapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. MTUS Chronic Pain Medical Treatment Guidelines identify that galvanic stimulation is not recommended and considered investigational for all indications; that neuromuscular stimulation is not recommended and is used primarily as part of a rehabilitation program following stroke with no evidence to support its use in chronic pain. Within the medical information available for review, there is documentation of diagnoses of chronic right ankle sprain with mild ankle joint effusion and flexor digitorum longus tenosynovitis. In addition, there is documentation of ongoing treatment with OrthoStim which helps control chronic pain and inflammation, reduce the need for prescription medications, reduce the need for office based medical care, and allow her to work with less distraction from pain. Furthermore, there is documentation of response to home OrthoStim unit trial and a request for a home OrthoStim unit on a permanent basis with re-supply of electric stimulation pads, lead wires, and batteries. However, OrthoStim contains at least one component (Galvanic stimulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for retrospective DME supplies, one month trial of generic tens, DOS: 6/26/13 is not medically necessary.