

Case Number:	CM13-0022925		
Date Assigned:	12/18/2013	Date of Injury:	04/08/2009
Decision Date:	03/06/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/11/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine, and is licensed to practice in Texas. 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:

The patient is a 49-year-old male who reported an injury on 4/8/09. The mechanism of injury was not provided. The patient has chronic foot pain that feels like broken glass. The assessment and diagnosis were noted to include CRPS I and fibromyalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

electrostimulation to the bilateral feet and ankles: 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 Page(s): 121.

Decision rationale: The California MTUS does not recommend neuromuscular electrical stimulation except as part of post stroke rehabilitation. It further states that there is no evidence to support its use in chronic pain. The patient was noted to get a transient decrease in pain following treatments. The patient was noted to have tenderness to palpation in the bilateral plantar and posterior heels. The patient was noted to have tenderness to palpation in the anterior, posterior, medial, and lateral ankle, and both feet were noted to be sensitive to light touch. The

patient was noted to have mild edema of both feet and ankles and very dry skin on the feet and legs with palpable pulses. The clinical documentation submitted for review failed to provide the documented rationale for the use of the treatment. Given the above, the request is not medically necessary.