

Case Number:	CM13-0023616		
Date Assigned:	11/15/2013	Date of Injury:	06/17/2013
Decision Date:	01/08/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/12/2013

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 Ohio and 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.

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 27-year-old female who reported a work-related injury on 06/17/2013 as a result of a pedestrian versus motor vehicle accident. The clinical note dated 06/28/2013 reports that the patient was seen under the care of [REDACTED] for her pain complaints. The provider documented that the patient reported pain to the right lumbar spine and right hip. The provider documented that upon physical exam of the patient, there was full range of motion of the lumbar spine, however, tenderness to the right side. The provider documented that the patient's right hip had full range of motion, and the provider documented that the patient presented with left hip pain, low back pain with muscle spasms and a left knee contusion. The provider recommended that the patient utilize ice, a request for physical therapy and ibuprofen as well as omeprazole, Robaxin and Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 home orthostim4 unit with conductive garments between 08/09/13 and 10/09/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 373, Chronic Pain Treatment Guidelines Galvanic Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

Decision rationale: The current request is not supported as the clinical documentation submitted for review lacks evidence to support the requested durable medical equipment. The provider documents that the patient presents with multiple bodily injury pain complaints status post a pedestrian versus motor vehicle accident sustained in 06/2013. The California MTUS indicates that neuromuscular electrical stimulation devices are not recommended and are primarily used as part of a rehabilitation program following a stroke. There is no evidence to support its use in chronic pain. There was no recent documentation submitted for review evidencing the patient's current clinical picture. The clinical notes lacked evidence of significant objective findings of symptomatology upon physical exam of the patient, and the clinical notes documented that the patient had not utilized any recent active treatment modalities, such as physical therapy, prior to the requested durable medical equipment. Given all of the above, the request for 1 home Orthostim 4 unit with conductive garments between 08/09/2013 and 10/09/2013 is not medically necessary or appropriate.