MAXIMUS Federal Services

Case Number:	CM13-0026166		
Date Assigned:	02/20/2014	Date of Injury:	05/09/2013
Decision Date:	05/20/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/18/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 46 year-old female wildlife biologist who developed left heel pain on 5/9/13 from hiking. According to the 8/15/13 chiropractic report from [redacted], the left foot injury mostly resolved, and there was an additional injury to the right knee from overcompensating from the left foot. She was reported to have 3-4/10 right knee pain and 7-8/10 left foot burning pain. The diagnoses was: possible medial mencus tear and Baker's cyst, right knee per 7/3/13 MRI; abnormal gain due to left foot injury; left foot strain/sprain/tendonitis; possible peripheral nerve injury to the lateral foot region during PT session on 6/13/13. [redacted] recommends 6-chiropractic sessions; EMG/NCV BLE; 30-day trial of a multi-stim unit for right knee and left foot; and ortho consult. ON 8/28/13 [redacted] UR recommended non-certification for the chiropractic care, the EMG/NCV, and the MultiStim unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX CHIROPRACTIC MANIPULATION/PHYSIOTHERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Page(s): 58.

Decision rationale: According to the 8/15/13 chiropractic report from [redacted], the left foot injury mostly resolved, and there was an additional injury to the right knee from overcompensating from the left foot. She was reported to have 3-4/10 right knee pain and 7-8/10 left foot burning pain. MTUS specifically states chiropractic care for the knee or ankle/foot is not recommended. The request is not in accordance with MTUS guidelines.

ONE ELECTROMYOGRAPHY (EMG) OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: The patient presents with right knee pain and left ankle burning pain. An EMG would not be indicated for the right lower extremity, as there are no neurological findings on the the right leg, and according to MTUS/ACOEM guidelines, the EMG is not recommended to identify any knee problems. Therefore, the request is not medically necessary.

ONE NERVE CONDUCTION VELOCITY TEST (NCV) OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: The patient presents with right knee pain and left ankle burning pain. NCV would not be indicated for the right lower extremity, as there are no neurological findings on the the right leg, and according to MTUS/ACOEM guidelines, the NCV is not recommended to identify any knee problems. The NCV may be useful to identify peripheral nerve problems in the left leg, but the request as written is for bilateral NCV. The NCV for the right lower extremity is not in accordance with MTUS/ACOEM guidelines. Therefore, the request for bilateral NCV is not medically necessary.

THIRTY DAY TRIAL OF PRO-TECH MULTISTIM UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS & NMES, Page(s): 114-121.

Decision rationale: The patient presents with right knee pain and left ankle burning pain. The requested unit is reported to provide 3 different forms of electrical stimulation inlcuding M-stim,

TENS, neuromuscular electrical stimulation (NMES). The MTUS guidelines may support a 30-day trial of TENS for neuropathic pain, but MTUS specifically states that NMES is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Partial certification cannot be provided as the NMES is integrated into the requested device. The whole Multi-Stim device that contains NMES, cannot be recommended as being in accordance with MTUS guidelines. Therefore, the request is not medically necessary.