

Case Number:	CM13-0026270		
Date Assigned:	11/22/2013	Date of Injury:	12/20/2007
Decision Date:	01/21/2014	UR Denial Date:	08/18/2013
Priority:	Standard	Application Received:	09/18/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 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 claimant is a 68 year-old right handed male who was employed by [REDACTED] as a waste water collection worker at the time of his injury. He was injured at work on December 20, 2007 when he slipped while walking down a flight of stairs. He was diagnosed with a fractured sesamoid bone initially but, on further evaluation, was noted to have a fracture of the base of his left second metatarsal. He was treated with medications and a walking boot, and returned to work with restrictions. In March 2012 [REDACTED] diagnosed possible arthritis of the left first metatarsal-phalangeal joint. He felt the patient could work sedentary duties with occasional walking and standing. In August 2008, [REDACTED] recommended cortisone injections which the patient did not wish to pursue. He remains under [REDACTED], who believed that he may need surgery on his left foot. [REDACTED] recommended several treatments including LINT (localized intense neurostimulation therapy), a SleepOne mattress, extracorporeal shock wave therapy, acupuncture, and oral and topical medications, many of which were denied. The patient underwent psychological evaluation by [REDACTED] who prescribed Valium 5 mg , twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

LINT therapy (6 sessions): 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 Neuromuscular Electrical Stimulation Page(s): 121.

Decision rationale: CA-MTUS indicates that neuromuscular electrical stimulation (NMES) is specifically 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. There are no intervention trials suggesting benefit from NMES for chronic pain. (Moore, 1997) (Gaines, 2004) The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program. Neuromuscular Electrical Stimulation Devices (NMES), NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range-of-motion, and re-educate muscles. Functional neuromuscular stimulation (also called electrical neuromuscular stimulation and EMG-triggered neuromuscular stimulation) attempts to replace stimuli from destroyed nerve pathways with computer-controlled sequential electrical stimulation of muscles to enable spinalcord- injured or stroke patients to function independently, or at least maintain healthy muscle tone and strength. Also used to stimulate quadriceps muscles following major knee surgeries to maintain and enhance strength during rehabilitation. (BlueCrossBlueShield, 2005) (Aetna, 2005). Therefore the request for LINT therapy sessions is not medically necessary.