MAXIMUS Federal Services

Case Number:	CM13-0033521		
Date Assigned:	12/06/2013	Date of Injury:	06/12/2006
Decision Date:	05/05/2014	UR Denial Date:	09/29/2013
Priority:	Standard	Application Received:	10/10/2013

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:

The applicant is a represented [redacted] employee who has filed a claim for chronic left foot and ankle pain reportedly associated with an industrial injury of June 12, 2006. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; a multimodality transcutaneous electrotherapy unit; and extensive periods of time off of work. In a Utilization Review Report of September 29, 2013, the claims administrator reportedly denied a request for a multimodality transcutaneous electrotherapy device. The applicant's attorney subsequently appealed. An earlier progress note of August 23, 2013 is notable for comments that the applicant's multimodality transcutaneous electrotherapy device is now broken. The applicant is permanent stationary with chronic foot and ankle pain. He is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ORTHOSTIM 4 UNIT: 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): 117 AND 121.

Decision rationale: Based on the product description, the OrthoStim4 unit appears to be an amalgam of several different transcutaneous electrotherapy modalities, including high-volt pulse current stimulation, neuromuscular stimulation, interferential stimulation, and pulse direct current stimulation. Several of those modalities, however, carry unfavorable recommendations in the Chronic Pain Medical Treatment Guidelines. High-voltage stimulation is a form of galvanic stimulation. However, the Chronic Pain Medical Treatment Guidelines indicate that galvanic stimulation is "not recommended" and considered investigational for all indications. The Guidelines also indicate that neuromuscular stimulation is not recommended outside of the post-stroke rehabilitative context. Neuromuscular stimulation is not recommended in the chronic pain context present here, according to the guidelines. Since at least two (2) of the four (4) modalities in the device carry unfavorable recommendations, the request is not certified on Independent Medical Review.