

Case Number:	CM13-0033799		
Date Assigned:	12/06/2013	Date of Injury:	01/16/2009
Decision Date:	03/21/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/10/2013

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 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 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 52 year-old female who sustained an industrial injury on 1/16/09. The documentation available for review includes UR letters, an 8/27/13 doctor's first report form from [REDACTED] office, [REDACTED] 12/19/13 supplemental report, and a psych evaluation from 8/19/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

home OrthoStim unit: Upheld

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

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

Decision rationale: According to the 8/27/13 report, the patient presents with whole spine, right shoulder, elbow, wrist, right knee, and bilateral foot pain. The 12/19/13 supplemental report is attempting to get chiropractic care approved and also recommends the OrthoStim unit. The OrthoStim unit is a combination unit that does interferential and neuromuscular electrical stimulation (NMES), among others. The MTUS specifically states NMES is not recommended,

and for interferential has criteria including pain being ineffectively controlled due to diminished effectiveness of medications or due to the side effects of medications, a history of substance abuse, significant pain from postoperative conditions that limits the patient's ability to perform exercise programs/physical therapy, or being unresponsive to conservative measures such as repositioning, heat, ice, etc. The available reports do not discuss problems with medications or substance abuse. The use of the NMES and interferential components of the OrthoStim unit are not in accordance with MTUS guidelines. The OrthoStim unit that performs the non-recommended electrical stimulation is not completely in accordance with MTUS guidelines. As such, the request is noncertified.