

Case Number:	CM13-0042758		
Date Assigned:	12/27/2013	Date of Injury:	11/13/2008
Decision Date:	02/27/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine & Rehabilitation 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 female, no date of birth provided, who reported injury on 11/13/2008. The mechanism of injury was stated to be the patient fell. The documentation submitted for review indicated the patient was using an OrthoStim3 multimodality alternating and pulsed current neuromuscular stimulator for pain control, reduction of muscle spasms, increased circulation, muscle re-education, and to maintain or increase range of motion. It was noted to be used daily. The patient's diagnoses were not provided. The request was made for supplies for the OrthoStim3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 16 electrodes, pair: 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 NMES; Interferential Current Stimulation; Galvanic Stimulation Page(s): 121,118.

Decision rationale: California MTUS guidelines do not recommend Neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its' use in chronic pain. They do not recommend Interferential Current Stimulation (ICS) as an isolated intervention and galvanic

stimulation is considered investigational for all indications and is not recommended. The clinical documentation submitted for review failed to provide the objective functional improvement to support the necessity for ongoing usage. Additionally, there was lack of documentation indicating exceptional factors to warrant non-adherence to guideline recommendations as NMES and high voltage pulsed stimulation are not recommended. Given the above and the lack of documentation, the request for retrospective 16 electrodes, pair is not medically necessary.

Retrospective request for 24 replacement batteries: 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 NMES; Interferential Current Stimulation; Galvanic Stimulation Page(s): 121, 118.

Decision rationale: California MTUS guidelines do not recommend Neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its' use in chronic pain. They do not recommend Interferential Current Stimulation (ICS) as an isolated intervention and galvanic stimulation is considered investigational for all indications and is not recommended. The clinical documentation submitted for review failed to provide the objective functional improvement to support the necessity for ongoing usage. Additionally, there was lack of documentation indicating exceptional factors to warrant non-adherence to guideline recommendations as NMES and high voltage pulsed stimulation are not recommended. Given the above and the lack of documentation, the request for retrospective 24 replacement batteries is not medically necessary.

Retrospective 32 adhesive remover wipes: 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 NMES; Interferential Current Stimulation; Galvanic Stimulation Page(s): 121, 118.

Decision rationale: California MTUS guidelines do not recommend Neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its' use in chronic pain. They do not recommend Interferential Current Stimulation (ICS) as an isolated intervention and galvanic stimulation is considered investigational for all indications and is not recommended. The clinical documentation submitted for review failed to provide the objective functional improvement to support the necessity for ongoing usage. Additionally, there was lack of documentation indicating exceptional factors to warrant non-adherence to guideline recommendations as NMES and high voltage pulsed stimulation are not recommended. Given the above and the lack of documentation, the request for retrospective 32 adhesive remover wipes is not medically necessary.