MAXIMUS Federal Services

Case Number:	CM13-0044100		
Date Assigned:	12/27/2013	Date of Injury:	06/15/2001
Decision Date:	06/03/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/28/2013

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 Emergency Medicine, and is licensed to practice in New York. 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 patient is a 65-year-old female who was injured on June 15, 2001. The patient continued to experience pain in her right hip and right knee. Physical examination was notable for diffuse right hip tenderness and right peripatellar tenderness. The patient underwent right total hip replacement on May 23, 2013. Diagnoses included status pot right hip replacement, right knee osteoarthritis, and bilateral hip osteoarthritis. Treatment has included medications, aqua therapy, physical therapy, and the use of an OrthoStim unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 8 ELECTRODES PER PAIR DOS: 8/30/13: 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): 118-119.

Decision rationale: Orthostim4 is an interferential stimulator. Interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended

treatments alone. ICS is indicated when pain is ineffectively controlled due to diminished effectiveness of medications, when pain is ineffectively controlled with medications due to side effects, when there is a history of substance abuse, when there is significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment, or when the pain is unresponsive to conservative measures. In this case the patient's pain is controlled with 2-3 Norco daily. There is no medical indication for the OrthosStim4 and therefore no indication for the electrodes. As such, the request is not medically necessary.

RETROSPECTIVE REQUEST FOR 16 ADHESIVE REMOVER WIPES DOS:8/30/13: 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): 118-119.

Decision rationale: Orthostim4 is an interferential stimulator. Interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. ICS is indicated when pain is ineffectively controlled due to diminished effectiveness of medications, when pain is ineffectively controlled with medications due to side effects, when there is a history of substance abuse, when there is significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment, or when the pain is unresponsive to conservative measures. In this case the patient's pain is controlled with 2-3 Norco daily. There is no medical indication for the OrthosStim4 and therefore no indication for the adhesive remover wipes. As such, the request is not medically necessary.

RETROSPECTIVE REQUEST FOR 12 BATTERY POWER PACKS DOS:8/30/13: 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): 118-119.

Decision rationale: Orthostim4 is an interferential stimulator. Interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. ICS is indicated when pain is ineffectively controlled due to diminished effectiveness of medications, when pain is ineffectively controlled with medications due to side effects, when there is a history of substance abuse, when there is significant pain from

postoperative conditions limits the ability to perform exercise programs/physical therapy treatment, or when the pain is unresponsive to conservative measures. In this case the patient's pain is controlled with 2-3 Norco daily. There is no medical indication for the OrthosStim4 and therefore no indication for the battery packs. As such, the request is not medically necessary.