

<b>Case Number:</b>	CM13-0051744		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/20/2011
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 and is licensed to practice in Illinois. 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 34-year-old male who reported injury on 10/20/2011. The mechanism of injury was noted to be the patient's foot was run over. The patient was noted to have surgical intervention. The patient was noted to have severe pain even though he had finished physical therapy and the pain was noted to be approximately 5/10 on a daily basis. The patient was noted to be ambulating with an assistive device. The physical examination revealed the patient had notable pain to the peroneus longus and brevis tendons with pain on eversion and inversion. There was noted to be mild pain with both dorsiflexion and plantar flexion of the ankle joint. The patient's diagnoses were noted to be residual pain after surgical intervention to the right ankle and pain and difficulty in ambulation. The request was made for a P-stim device to allow for decreased pain and increased motion associated with the right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**P-Stim muscle stimulator:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PENS Section Page(s): 97.

**Decision rationale:** The California MTUS Guidelines indicate that percutaneous electrical nerve stimulation is not recommended as a primary treatment modality but a trial may be considered if used as an adjunct to a program of evidence based functional restoration after nonsurgical treatments, including therapeutic exercises and TENS have been trialed and failed or are judged to be unsuitable or contraindicated. The clinical documentation submitted for review indicated the patient failed therapeutic exercise. There was a lack of documentation indicating the patient would be using the requested service as an adjunct to a program of evidence based functional restoration and it failed to indicate the patient had trialed and failed a TENS unit. Additionally, the request as submitted failed to indicate the duration of care and the body part the P-stim would be used on. Given the above, the request for durable medical equipment: P-Stim muscle stimulator is not medically necessary.