

Case Number:	CM13-0054391		
Date Assigned:	09/05/2014	Date of Injury:	08/24/2013
Decision Date:	12/24/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/14/2013

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:

There were 51 pages provided for this review. The application for independent medical review signed on November 19, 2013. Per the records provided, this is a female claimant who was injured on August 24, 2013. The examination from October 25, 2013 noted that the claimant had right knee pain, right shoulder pain, low back pain and right foot pain. The examination of the right knee showed tenderness to palpation over the medial and lateral joint lines and peri-patellar regions, patellar grind is positive on the right. Range of motion is noted as flexion at 135, extension at zero. The examination of the lumbar spine showed tenderness on palpation over the right sacroiliac joint and paraspinal muscles. The sacroiliac stress test was positive on the right. Patrick FABERE test is positive on the right. Gaenslen's test was positive on the right. The range of motion was decreased. Sensation, motor and reflexes were all intact. The diagnoses were right knee sprain strain, rule out meniscal tear, right shoulder periscapular sprain strain, lumbar spine musculo-ligamentous sprain strain, right sacroiliac joint sprain and right mid foot sprain. The plan is for chiropractic care. Chiropractic was felt not to be supported for the knee. Likewise the TENS unit was not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro three times a week for four weeks to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 58.

Decision rationale: The MTUS stipulates that the intended goal of this form of care is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It notes for that elective and maintenance care, such as has been used for many years now in this case, is not medically necessary. In this case, the appeal letter was carefully considered, but these records fail to attest to 'progression of care'. The guides further note that treatment beyond 4-6 visits should be documented with objective improvement in function. Further, in Chapter 5 of ACOEM, it speaks to leading the patient to independence from the healthcare system, and self care. It notes that over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. The patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. Objective, functional improvement out of past rehabilitative efforts is not known. The request is not medically necessary.

Home OrthoStim 4 for low back/right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines, Chronic Pain Medical Treatment Guidelines Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under NMES units

Decision rationale: An OrthoStim is typically a multi-mode stimulator. The MTUS notes that TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below.- Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005)- Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985)-Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) - Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007)I did not find in these records that the claimant had these conditions. Also, an outright purchase is not supported, but a monitored one month trial, to insure there is objective, functional improvement. In the trial, there must be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. There was no evidence of such in these records. Moreover, the proposed unit would use NMES as well. The evidence-based synopsis in the Official Disability Duration guidelines do not give Neuromuscular Electrical Stimulation devices a recommended rating. They instead cite:"Under study. The scientific evidence related to electromyography (EMG)-triggered electrical

stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program." Given the evidence-based guidance, the use of the device might be appropriate in a supervised physical therapy setting for post-stroke rehabilitation, but not as a purchase in a home use setting for a musculoskeletal injury. For the above reasons, the request for a full purchase of the unit is not medically necessary.