

<b>Case Number:</b>	CM13-0058368		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/20/2009
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Physical Medicine & 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 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 27-year-old male who reported an injury on 01/20/2009 after a fall from a ladder. The patient reportedly injured his left heel, neck, and low back. The patient's most recent clinical evaluation documented that the patient had increased pain with walking with a history of a subtalar fusion. Physical findings included left ankle swelling and pain. The patient's diagnosis included status post fusion of the left subtalar joint. The patient's treatment plan included a CT scan of the ankle, acupuncture for the left ankle, a paraffin wax kit, and a multi-stimulation unit with supplies for a 5 month rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multi stimulation unit with supplies, 5 month rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120. Decision based on Non-MTUS Citation ODG Forearm, Wrist and Hand.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENs unit Page(s): 114.

**Decision rationale:** The requested multi stimulation unit with supplies, 5 month rental is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends a 30 day trial of a TENS unit to assess for functional increases and symptom relief.

The clinical documentation submitted for review does not indicate that the patient has undergone a trial period. Therefore, an extended rental of this type of equipment would not be supported. Additionally, the request does not clearly identify what types of stimulation would be included in this combination unit. Therefore, the appropriateness and safety of this equipment cannot be determined. As such, the requested multi stimulation unit with supplies, 5 month rental is not medically necessary or appropriate.

**4 week rental of a paraffin bath:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment guidelines; Integrated Treatment/Disability Duration Guidelines; Forearm, Wrist & Hand

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The requested 4 week rental of a paraffin bath is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend passive modalities as standalone treatments. The clinical documentation fails to identify any active therapies that the patient is participating in that would benefit from the addition of a passive modality such as a paraffin bath. As such, the requested 4 week rental of a paraffin bath is not medically necessary or appropriate.