

Case Number:	CM14-0001887		
Date Assigned:	01/24/2014	Date of Injury:	05/26/2007
Decision Date:	06/23/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/06/2014

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 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:

The injured worker is a 59-year-old female with a reported date of injury on 03/26/2007. The mechanism of injury occurred when the injured worker fell backwards injuring her left wrist and lower back. An MRI of the lumbar spine performed 10/17/2012 revealed L5-S1 degenerative disc disease of the nucleus pulposus with a small tear of the superior annulus of the nucleus pulposus with 3 mm posterior disc bulge identifying the anterior portion of the lumbosacral sac; no significant decrease of the AP sagittal diameter of the lumbosacral canal; the neural foramina appears patent; mild bony hypertrophy at the articular facets bilaterally; lateral recesses are clear; normal ligamentum flavum. The MRI report of the lower extremity dated 10/24/2012 listed non-displaced fracture involving the anterior process of the calcaneus, edema in the posterior and middle subtalar joints probably related to the fracture, and probable old tear of the anterior talofibular ligament. An electromyography and nerve conduction study was performed on 09/19/2013 to the bilateral upper extremities. The impressions noted there were no evidence of neuropathic or myopathic process in the extremities, no evidence of compromise in the median and ulnar nerves in the left and right extremities, no evidence of carpal tunnel syndrome at the left and right hands, and no electrical evidence of cervical radiculopathy to the bilateral upper extremities. The progress note dated 11/05/2013 reported the injured worker complained the lumbosacral spine caused a dull, deep ache and causes pain if the injured worker sits too long. The progress note also reported the injured worker has at that time completed 6 of 12 sessions with physical therapy. The request for authorization from dated 11/18/2013 is request for lumbar and ankle home exercise/rehab kits to be used in conjunction with physical therapy. The second request of authorization from dated 11/18/2013 is for a neuromuscular electric stimulation and supplies to be used postoperatively for 30 minutes a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR HOME EXERCISE KIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12, PAGE 299, TABLE 12-5

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Exercises Page(s): 46-47.

Decision rationale: The request for a lumbar home exercise kit is not medically necessary. The injured worker according to the progress notes has undergone 6 out of 12 visits of physical therapy. The California Chronic Pain Medical Treatment Guidelines state there is not sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Guidelines do not recommend any particular exercise program and the components of the kit were not included in the request. Therefore, the request is not medically necessary.

LEFT ANKLE HOME EXERCISE KIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 14, 370, TABLE 14-3

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Exercises Page(s): 46-47.

Decision rationale: The request for left ankle home exercise kit is not medically necessary. The injured worker has undergone physical therapy according to the progress notes. The Chronic Pain Medical Treatment Guidelines do not recommend any particular exercise regimen over any other exercise regimen. The guidelines do not recommend any particular exercise regimen as well as the components of the left ankle home exercise kit were not included with the documentation. Therefore, the request is not medically necessary.

NEUROMUSCULAR ELECTRIC STIMULATION UNIT AND SUPPLIES FOR LUMBAR AND LEFT ANKLE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines , page 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Pa.

Decision rationale: The request for a neuromuscular electric stimulation unit and supplies for lumbar and left ankle is not medically necessary. The Chronic Pain Medical Treatment Guidelines do not recommend the neuromuscular electrical stimulation device. The neuromuscular electrical stimulation device is used primarily as part of a rehabilitation program following a stroke and there is no evidence to support its use in chronic pain. Guidelines do not recommend this device for use for chronic pain or postoperatively. Therefore, the request is not medically necessary.