

Case Number:	CM14-0004327		
Date Assigned:	02/05/2014	Date of Injury:	06/26/2001
Decision Date:	08/06/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/10/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Pennsylvania, Ohio, Michigan and Texas. 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 65-year-old male who sustained a June 26, 2001 occupational injury. The specific description of injury remains undisclosed. The submitted diagnoses include: Unspecified enthesopathy of ankle and tarsus as the primary diagnosis, other post-surgical status, other & unspecified disc disorder of lumbar region, pain in joint, shoulder region, and unspecified disorders of bursae & tendons in shoulder region. A prior Workers' Compensation determination of December 13, 2013 noncertified right lower extremity aqua therapy two times a week for six weeks, nerve conduction study, electromyography (EMG) to bilateral lower extremities, and a Pro Stim unit, as these were considered not medically indicated since treatment outcomes for this had not been provided. A medical evaluation dated 7/22/13 noted the electromyography (EMG) showed no measurable lower extremity atrophy. The submitted record also documents a previous nonhealing left fourth toe, which is secondary to poorly fitting shoes and not a foot sensory impairment.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY TWO TIMES A WEEK FOR SIX WEEKS RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Hip & Pelvis, Physical Medicine Treatment and the Official Disability Guidelines (ODG) Knee & Leg, Physical Medicine Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127, Postsurgical Treatment Guidelines Page(s): 10-14.

Decision rationale: The requested additional 12 aquatic therapy sessions-twice weekly for 6 weeks is not medically indicated because the guidelines allow only 8-10 physical therapy/aquatic therapy sessions over four weeks for diagnoses of: Neuralgia, neuritis and radiculitis, unspecified. The claimant has already exceeded this quantity of physical medicine sessions. Therefore, per MTUS, this request is not medically necessary.

ELECTROMYOGRAPHY (EMG) BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, EMGs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: The requested bilateral lower extremity electromyography (EMG) study is not medically indicated as there is no documented associated lower extremity focal motor or sensory impairment. Therefore, per MTUS, the request is not medically necessary.

NERVE CONDUCTION STUDY BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310, Chronic Pain Treatment Guidelines Page(s): 114.

Decision rationale: Per MTUS, a nerve conduction study of bilateral lower extremities is not medically necessary for suspected radiculopathy.

PRO STIM UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117, 116, 120, 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular stimulation, page 121 Page(s): 121.

Decision rationale: Neuromuscular stimulation is primarily used for stroke rehabilitation and there is no evidence-based guideline to support its use for chronic musculoskeletal pain

management. Therefore, per MTUS, the Pro Stim Neuromuscular Electrical Stimulator is not medically necessary.