

Case Number:	CM14-0113845		
Date Assigned:	08/01/2014	Date of Injury:	06/12/2012
Decision Date:	09/12/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/21/2014

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, 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 injured worker is a 65-year-old male with an injury date on 06/12/2012. The diagnosis was joint derangement. The mechanism of injury was due to the patient's 1st left toe and part of his foot was run over by a street asphalt roller vehicle while at work. He crushed and detached the end joint of his 1st toe and required reattachment surgery. The physical therapy note provided for review dated 03/19/2014, revealed the injured worker had a crush injury. Documentation indicates the surgeons reattached the toe; however, it became infected and gangrenous so they ended up amputating the toe. The other therapies included physical therapy. The diagnostic studies and medications were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) DOS 03/18/14 and 05/18/14 Neuromuscular Electrical Stimulation, Electronic Shock Unit 2 Month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (NMES).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: The California MTUS Guidelines does not recommend neuromuscular electrical stimulation for the treatment of chronic pain. There is a lack of documented rationale for the requested intervention and lack of documentation indicating a necessity for 2 months of therapy. The above request is not medically necessary.