

Case Number:	CM14-0130513		
Date Assigned:	08/20/2014	Date of Injury:	12/27/2012
Decision Date:	09/29/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/15/2014

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 Interventional Spine 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 patient is a 29 years old female with an injury date on 12/22/2012. Based on the 06/28/2014 progress report provided by Dr. [REDACTED], the diagnoses are: Left wrist tendinitis, left Achilles tendinitis, lateral ligament injury, left ankle, and left Achilles tendon injury. According to this report, the patient complains of left Achilles pain that radiates into the calf and left forearm pain with weakness. Tinel's and Phalen test are positive. Tenderness is noted at the left ankle and Achilles. The 05/05/2014 report indicates Jamar grip on the right is 60 pounds and left 25 pounds; patient is right handed. There were no other significant findings noted on this report. The utilization review denied the request on 07/17/2014. Dr. [REDACTED] is the requesting provider, and he provided treatment reports from 01/10/2014 to 07/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds-4-INF+ (NMES and Interferential) 45 min 2 x per day, 3 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-121. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle & Foot.

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

Decision rationale: According to the 06/28/2014 report by Dr. [REDACTED] this patient presents with left Achilles pain that radiates into the calf and left forearm pain with weakness. The provider is requesting Meds-4-INF+ (NMES and Interferential) 45 min 2 x per day, 3 month rental but the treating physician's report and request for authorization containing the request is not included in the file. Regarding TENS units, the MTUS guidelines state not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option and may be appropriate for neuropathic pain. The guidelines further state a rental would be preferred over purchase during this trial. Review of the medical records from 01/10/2014 to 07/02/2014 shows the patient has positive Tinel's and Phalen test, neuropathic pain and appears to be a candidate for a TENS unit trial. However, this unit has a neurostimulator as well and MTUS does not support NMES (neuromuscular stimulator) except for stroke rehabilitation. Furthermore, there is lack of evidence that this patient has trialed a one-month home trial with success. Meds-4-INF+ (NMES and Interferential) 45 min 2 x per day, 3 month rental is not medically necessary.