

<b>Case Number:</b>	CM14-0171346		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	11/08/2013
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 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:

This is an injured worker with a date of injury of 11/8/13. A utilization review determination dated 9/17/14 recommends non-certification of a multi-stim unit, leadwire, adapter, electrodes, and an Aqua Relief system. 8/18/14 medical report identifies continued left foot pain mainly in the heel. Podiatry evaluation is pending. Injured worker is using the H-Wave unit with some temporary relief in pain. On exam, there is tenderness in the calcaneal region of the left foot along with the plantar surface. Recommendations include psychological evaluation and treatment, Aqua Relief system, continuation with H-Wave unit use, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Solace Multi Stim Unit for 5 Months Rental: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES Devices) Page(s): 21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

**Decision rationale:** Regarding the request for Solace Multi Stim Unit, the included electrical stimulation modalities are not clearly documented and a search of multiple online resources failed to reveal this information. CA MTUS does provider limited support for the use of some

forms of electrical stimulation in the management of chronic pain, but without documentation of the type(s) of stimulation proposed, there is no clear indication for the use of this device. Furthermore, it is noted that the injured worker was still utilizing an H-Wave device with reported pain relief at the time of the request and there is no rationale from the provider identifying the medical necessity of the requested device. In light of the above issues, the currently requested Solace Multi Stim Unit is not medically necessary.

**Aqua Relief System for Purchase: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Continuous - Flow cryotherapy ODG, Heat Therapy (Ice/Therapy).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Continuous-Flow Cryotherapy.

**Decision rationale:** Regarding the request for an Aqua Relief system, CA MTUS does not address the issue. ODG notes that continuous-flow cryotherapy is not recommended. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries in the ankle and foot has not been fully evaluated. Within the documentation available for review, there is no documentation of a recent or pending surgery or a rationale for the use of a formal cold therapy unit rather than simply cold packs in the management of the injured worker's foot injury. In light of the above issues, the currently requested Aqua Relief system is not medically necessary.

**Leadwire (x2): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

**Decision rationale:** Regarding the request for lead wire, as the Solace Multi Stim Unit is not medically necessary, the current request is also not medically necessary.

**Adaptor, Installation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121 of 127.

**Decision rationale:** Regarding the request for adapter and installation, as the Solace Multi Stim Unit is not medically necessary, the current request is also not medically necessary.

**Electrodes (QTY 8 per Month) for 5 Months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

**Decision rationale:** Regarding the request for electrodes, as the Solace Multi Stim Unit is not medically necessary, the current request is also not medically necessary.