

Case Number:	CM14-0020529		
Date Assigned:	05/02/2014	Date of Injury:	11/08/2006
Decision Date:	07/18/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 39-year-old female who has submitted a claim for status post right ankle ligament reconstruction with residual sprain, tarsal tunnel syndrome, bilateral heel sprains and plantar fasciitis, and gastrointestinal upset associated with an industrial injury date of November 8, 2006. The medical records from 2013 to 2014 were reviewed. The patient complained of persistent right heel pain graded 8/10. The physical examination showed tenderness on the plantar fascia at heel and mid foot on the right, left heel plantar fascia, and bilaterally decreased range of motion. The treatment to date has included rest, ice application, non-steroidal anti-inflammatory drugs (NSAIDs), bracing, extracorporeal shock wave therapy, OrthoStim4, and surgery (10/27/11). The utilization review from February 4, 2014 denied the request for orthostim4 due to minimal benefits gained from previous use and lacking evidence that there was any benefit from combining the modalities of the unit. The request for 120 Motrin 800MG was denied because there were no reports of any measurable improvements in pain relief or function.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE ORTHOSTIM FOUR UNIT WITH CONDUCTIVE SOCK THROUGH CYPRESS CARE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orthostim4, page(s) 114-118 Page(s): 114-118.

Decision rationale: As noted on page 114-118 of the California MTUS Chronic Pain Medical Treatment Guidelines, interferential current stimulation is not generally recommended and is appropriate for cases where pain is ineffectively controlled with medications; neuromuscular electrical stimulation is under study; and galvanic stimulation (high-voltage, pulsed stimulation) is investigational for all indications. In this case, the patient reported minimal benefits from previous use of OrthoStim4 unit. However, there is no documentation regarding failure of oral medication therapy. In addition, the request did not indicate the body part that needs treatment. Lastly, not all components of the OrthoStim unit have evidence-based support for use. Therefore, the request for one OrthoStim four unit with conductive sock through cypress care is not medically necessary.

120 MOTRIN 800 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), page(s) 67-69 Page(s): 67-69.

Decision rationale: As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. In this case, the patient complained of persistent right heel pain. Earliest use of Motrin was October 2013. However, there were no reports of functional gains with previous use of this medication. In addition, recent progress notes reported gastrointestinal upset due to this medication. Therefore, the request for 120 Motrin 800MG is not medically necessary.