

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0027211 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 02/06/2012 |
| Decision Date: | 08/12/2014 | UR Denial Date: | 02/14/2014 |
| Priority: | Standard | Application Received: | 03/03/2014 |

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 & 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 48-year-old male who reported an injury on 02/06/2012. The mechanism of injury was noted to be a forklift injury. His prior treatments were noted to be orthotics, physical therapy, injections, and transcutaneous electrical nerve stimulation. His diagnoses were noted to be fracture of the calcaneus, ruptured Achilles tendon, and left ankle internal derangement. The injured worker had a clinical evaluation on 10/03/2013. The injured worker complained of constant, moderate, sharp left ankle pain. He indicated it was aggravated by repetitive standing, moving, and walking. He rated his pain a 4/10, and indicated it is better with rest and elevation of the leg. He noted symptoms had improved with use of a transcutaneous electrical nerve stimulation unit. The objective findings included an examination of the left ankle. It was noted there was no bruising, swelling, atrophy, or lesion present at the left ankle. There was a healed surgical scar around the Achilles area. Range of motion was painful. There was +3 tenderness to palpation of the dorsal ankle, lateral ankle, medial ankle, and plantar heel. The posterior drawer caused pain. The treatment plan included Norco and ibuprofen. The provider's rationale for the request was not provided within the documentation. A Request for Authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT MONTHS RENTAL OF NEUROSTIMULATR TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION-ELECTRICAL MUSCLE STIMULATOR UNIT: Upheld

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

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

Decision rationale: The request for 8 months rental of neurostimulator transcutaneous electrical nerve stimulation - electrical muscle stimulator unit is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend neuromuscular electrical stimulation. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from an NMES for chronic pain. The scientific evidence related to electromyography triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following a stroke and is part of a comprehensive physical therapy program. Neuromuscular electrical stimulation devices or NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. The injured worker's clinical evaluation fails to provide an adequate assessment of the injured worker's pain. It also does not note in the treatment plan use of a neuromuscular electrical stimulation unit. The request fails to provide a location of where the neuromuscular electrical stimulation device is to be used. Therefore, the request for 8 months rental of neurostimulator transcutaneous electrical nerve stimulation - electrical muscle stimulator unit is not medically necessary.