

<b>Case Number:</b>	CM14-0069553		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	05/24/2011
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 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:

The injured worker is a 52 year old male who reported an injury to his left lower extremity. A clinical note dated 04/22/14 indicated the injured worker undergoing total of four surgical procedures following diagnosis of left sided Lisfranc dislocation. Previous treatment includes closed reduction and pinning with subsequent staged open reduction internal fixation (ORIF) with partial hardware removal, physical therapy which his balance showed some improvement through the course of treatment. The injured worker complained of discomfort rated 3/10 in intensity. Pain was exacerbated dorsal at the dorsal ankle and hindfoot. The injured worker utilized regular shoes at that time. The injured worker utilized Norco and ibuprofen for pain relief. A clinical note dated 02/18/14 indicated the injured worker undergoing medial fusion at the left ankle. The fusion took place at the medial intercuneiform joints in the calcaneal bone. The injured worker continued with 5 to 6/10 pain on visual analog scale (VAS) scores.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Conductive Sock and Sleeve for the Left Ankle/Foot, Meds-3 for Rental 3 months for the Left Foot/Ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES devices) Page(s): 121.

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

**Decision rationale:** The injured worker complained of ongoing left ankle and foot pain. The request for the neuromuscular electrical stimulation device with a conductive sock and sleeve is not indicated. No high quality studies have been published in peer reviewed literature supporting device to address chronic pain. Given that no other information was submitted confirming ongoing formal therapy and the lack of supporting evidence for safety and efficacy of these devices at the foot and ankle this request is not indicated as medically necessary.