MAXIMUS Federal Services

Case Number:	CM15-0168395		
Date Assigned:	09/09/2015	Date of Injury:	01/24/2012
Decision Date:	10/13/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old female, who sustained an industrial injury on January 24, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for peroneal tendinitis right greater than left, right greater than left bursitis, right greater than left plantar fasciitis, and pain. Medical records from March 6, 2015 to April 3, 2015 indicate ongoing painful bilateral feet and heels rated as 4-5 out of 10 and ankle pain rated 7-8 out of 10. The documentation provided includes indication that the injured worker has reported internal and external rotation worsens her pain to the point where ambulation is very difficult. The physical exams, dated March 6, 2015, and April 3, 2015, revealed increased pain with palpation of the bilateral tibial-fibular shafts and bilateral sinus tarsi and bilateral peroneal tendons with distraction-impaction of the bilateral ankle joints. Palpation of the bilateral calcaneal bodies with activation of windlass mechanism was noted to have decreased pain, improved since the previous visit. Increased edema was noted over the lateral ankles, bilaterally, worse since the previous visit. Relevant treatments have included a right knee arthroscopy in October 2013, injections, medications, home exercises, physiotherapy, with no benefit to the left knee, foot orthotics, injections to both feet, Hydrocodone-APAP, compound topical creams, application of Unna boot which was noted to help, and myofascial release of each sinus tarsi with Xylocaine and Methylprednisolone Acetate. The treating physician indicates that a left knee MRI from April 2013 revealed a tear of the posterior horn of the medial meniscus. The request for authorization dated July 10, 2015, requested a one month home trial of a prime dual neurostimulator (TENS- EMS unit). The original Utilization Review dated July 22, 2015, noted

the request for a one month home trial of a prime dual neurostimulator (TENS-EMS unit) was not medically necessary as the records did not provide an alternative rationale as an exception to the guidelines, and as a neuromuscular electrical stimulation component is not indicated the combined device is not supported by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month home trail of a prime dual neurostimulator (TENS/EMS unit): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter, under Electrical muscle stimulation (EMS).

Decision rationale: The patient was injured on 01/24/12 and presents with pain in her bilateral feet and ankle. The request is for1 MONTH HOME TRAIL OF A PRIME DUAL NEUROSTIMULATOR (TENS/EMS UNIT). The RFA is dated 07/10/15 and the patient's current work status is not provided. The report with the request is not provided either. Prime Dual Neurostimulator is a proprietary combined TENS and EMS stimulation unit. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Electrical muscle stimulation (EMS) Section states, 'Not recommended. The current evidence on EMS is either lacking, limited, or conflicting. There is limited evidence of no benefit from electric muscle stimulation compared to a sham control for pain in chronic mechanical neck disorders (MND). Most characteristics of EMS are comparable to TENS. The critical difference is in the intensity, which leads to additional musclecontractions..... In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Kjellman, 1999)' MTUS Guidelines, Transcuteaneous Electrotherapy Section, pages 114-121 states: 'A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. For the conditions described below'. The guideline states the conditions that TENS can be used for are: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity, and Multiple sclerosis (MS). The patient has increased edema was noted over the lateral ankles and increased pain with palpation of the bilateral tibial/fibular shafts, bilateral sinus tarsi, and bilateral peroneal tendons. She is diagnosed with peroneal tendinitis (right greater than left), bursitis (right greater than left), plantar fasciitis (right greater than left), and pain. The reason for the request is not provided. While MTUS does recommend a 30 day trial of TENS, the request is for a dual unit, of which EMS is specifically not recommended for chronic pain. This request does not meet guideline indications. Therefore, the request for TENS /EMS dual unit IS NOT medically necessary.