

Case Number:	CM14-0131698		
Date Assigned:	08/20/2014	Date of Injury:	09/18/2011
Decision Date:	09/24/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/18/2014

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 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:

This is a female patient with the date of injury of September 18, 2011. A Utilization Review was performed on August 8, 2014 and recommended non-certification of NMES unit for 3 months, electrodes 3pkgs/month, and sock/sleeve garment. A Follow-Up Report dated July 17, 2014 identifies Current Complaints of modest discomfort involving the foot and ankle for which orthotics were recommended by podiatry. Physical Examination identifies minimal tenderness is present over the right knee insertion of the ITB. Decreased lower paralumbar tenderness is noted principally on the left side with some mild muscle guarding on this side. Mild residual tenderness is present over the plantar fascia extending to the first metatarsal head. Slight increased laxity is appreciated in the left ankle in regards to anterior shuck for ATFL stability. Impression identifies right knee chondromalacia patella, left knee contusion, ATF strain left ankle, bone bruise of talus of left foot, and lumbar strain. Plan identifies STIM unit requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

NMES (neuromuscular electrical stimulator) unit for three months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES Unit Page(s): 114-117.

Decision rationale: Regarding the request for NMES Unit for 3 months, Chronic Pain Medical Treatment Guidelines state NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Within the documentation available for review, the patient is noted to have chronic pain. Guidelines do not support neuromuscular electrical stimulation in chronic pain. As such, the request for a NMES unit for three months is not medically necessary or appropriate.

Electrodes, three packages/month: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: Regarding the request for Electrodes three packages/month, Chronic Pain Medical Treatment Guidelines state NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Within the documentation available for review, the patient is noted to have chronic pain. Guidelines do not support neuromuscular electrical stimulation in chronic pain. As such, the request for Electrodes three packages/month is not medically necessary or appropriate.

Sock/sleeve garment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: Regarding the request for sock/sleeve garment, Chronic Pain Medical Treatment Guidelines state NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Within the documentation available for review, the patient is noted to have chronic pain. Guidelines do not support neuromuscular electrical stimulation in chronic pain. As such, the currently requested sock/sleeve garment is not medically necessary or appropriate.