

Case Number:	CM13-0017497		
Date Assigned:	12/11/2013	Date of Injury:	11/09/2012
Decision Date:	01/16/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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 reported an injury on 11/08/2012. The patient is currently diagnosed with post contusion of the left foot and probable early complex regional pain syndrome. The patient was recently seen by [REDACTED] on 06/29/2013. The patient reported left foot pain. Physical examination revealed pain in the medial aspect of the left foot from the heel, mild swelling, foot temperature changes, full range of motion of the ankle. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS unit: Upheld

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

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

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. There should be documentation of pain for at least 3 months' in

duration and evidence that other appropriate pain modalities have been tried and failed. As per the clinical notes submitted, the patient demonstrates full range of motion, no swelling of the foot, no temperature changes, and only tenderness to palpation of the medial aspect of the left foot from the heel. Documentation of a significant musculoskeletal condition was not provided. A treatment plan including the specific short and long-term goals of treatment with the unit was also not provided. It is also noted that the patient was previously authorized for a TENS unit. Documentation of functional gains from the previous use of this treatment modality was not provided. Based on the clinical information received, the request is non-certified.