

<b>Case Number:</b>	CM13-0029603		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	12/17/2009
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 and Rehabilitation and Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 is a 52-year-old female who reported an injury on 12/17/2009 due to cumulative trauma. The patient's left ankle and foot pain was treated conservatively with a Cam walker and medications. An MRI revealed the patient had posterior tibial tendinosis and tenosynovitis, posterior tibial tendon dysfunction, elongated lateral tubercle posterior talar process, and progressive cartilage fissuring in the talar dome. The patient's most recent physical exam findings included pain on palpation at the posterior tibial attachment of the left foot, significant collapse of the medial arch bilaterally and pain with spasms in the peroneal tendons. The patient's diagnoses included moderate tibialis posterior tendinosis with small interstitial split, pes planus deformity, and peroneal tendinitis with spasms. The patient's treatment plan included orthotics, a knee scooter, and a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A knee scooter:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Walking Aids Section.

**Decision rationale:** The requested knee scooter is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has pain with ambulation. The Official Disability Guidelines (ODG) does recommend walking aids to assist with ambulation when there are deficits that would benefit from assistance. The clinical documentation submitted for review does not provide evidence that the patient needs to be non-weight bearing. Additionally, there is no evidence that the patient's ambulation issues cannot be resolved with lesser equipment such as a cane, walker, or crutches. Therefore, a knee scooter would not be medically necessary or appropriate.

**A TENS unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Section Page(s): 114.

**Decision rationale:** The requested TENS unit is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has persistent chronic pain of the ankle. The California Medical Treatment and Utilization Schedule does not recommend a TENS unit as a standalone treatment. The clinical documentation submitted for review does not provide any evidence that the patient is actively participating in any type of exercise program that would be assisted by the use of a TENS unit. Additionally, the California Medical Treatment and Utilization Schedule recommends a TENS unit after a 30-day trial of this treatment modality provides functional benefit. The clinical documentation submitted for review does not provide any evidence that the patient has undergone a trial period of a TENS unit that has provided functional benefit. As such, the requested TENS unit is not medically necessary or appropriate.