MAXIMUS Federal Services

Case Number:	CM13-0031771		
Date Assigned:	12/04/2013	Date of Injury:	12/17/2009
Decision Date:	10/09/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/25/2013

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 and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 52-year-old male with a date of injury of 12/17/2008. The listed diagnoses per [redacted] are:1.Moderate tibialis posterior tendinosis with small interstitial split.2.Pes planus deformity, advanced.3.Peroneal tendonitis with spasm.This patient presents with "insertional pain of the left posterior tibial tendon into the navicular." MRI from 07/26/2013 revealed improvement at tibialis posterior tendinosis with improvement of interstitial tearing. Examination revealed mild edema to left foot and ankle. The patient is experiencing burning sensation in heel and arch, which is also noticeable at rest. There is pain on palpation at the posterior tibial attachment to navicular left foot and significant collapse of medial arch bilaterally. There is pain with spasms in the peroneal tendons. The treater is requesting a knee scooter and TENS unit. Utilization review denied the request on 09/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

KNEE SCOOTER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines POWER MOBILITY DEVICES (PMD),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -Power mobility devices

Decision rationale: This patient presents with "insertional pain of the left posterior tibial tendon into the navicular." The treating physician is requesting a knee scooter. Power Mobility Devices under MTUS pg 99 states, "Not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care." In this case, it is not made clear as to why this patient would be unable to utilize a walker or cane for support. Furthermore, the patient's upper extremity appears to have no issues giving consideration for a manual wheelchair if needed. The request is not medically necessary and appropriate.

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines RANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; TENS, chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: This patient presents with "insertional pain of the left posterior tibial tendon into the navicular." The treating physician is requesting a TENS unit. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered for specific diagnoses of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. The patient does not meet any of the indications allowed for a TENS unit. Furthermore, the treating physician has not discussed if a 30-day home trial has been trialed. The request is not medically necessary and appropriate.