

<b>Case Number:</b>	CM13-0033745		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	12/18/2011
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 Family Practice 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 36-year-old male who reported an injury on 12/18/2011. The mechanism of injury was not specifically stated. The patient is diagnosed with fracture of the anterior superior process of the calcaneus with non-union, crush injury to the right foot, Achilles tendinosis, and history of separation of Stieda's process. The most recent physician progress report submitted for this review is documented on 10/15/2013 by [REDACTED]. The physical examination revealed soft tissue thickening of the right ankle, tenderness to palpation, 5/5 motor strength with the exception of eversion, and intact sensation. The treatment recommendations included an ankle arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME-TENS UNIT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
TRANSCUTANEOUS ELECTROTHERAPY, TENS, CHRONIC PAIN Page(s): page 114, 116.

**Decision rationale:** The Chronic Pain Guidelines indicate that transcutaneous electrotherapy is not recommended as a primary treatment modality, but a one (1) month home-based trial may be

considered as a non-invasive conservative option. Transcutaneous electrical nerve stimulation (TENS) therapy is recommended as a treatment option for acute postoperative pain in the first thirty (30) days post surgery. As per the documentation submitted, there was no operative report submitted for this review. It is unknown whether the patient underwent the recently requested procedure. Additionally, guidelines would recommend a thirty (30) day postoperative rental. The current request for a purchase exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.