

Case Number:	CM13-0036662		
Date Assigned:	12/13/2013	Date of Injury:	03/14/2001
Decision Date:	02/07/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/21/2013

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 Family Practice and is licensed to practice in 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 60-year-old male who reported a work-related injury on March 14, 2001, as a result of a fall. The patient is subsequently status post right distal tibial osteotomy and Achilles tendon reconstruction with calcaneal exostectomy as of November 29, 2011, and a right first metatarsal plantar flexion osteotomy with bone grafting of the metatarsal osteotomy utilizing allograft bone and exostectomy of the right 1st metatarsal head as of July 30, 2013. On the clinical note dated October 11, 2013, the provider, [REDACTED], documents the patient reports moderate pain and moderate swelling. The provider documents the patient is seen 10 weeks status post last surgical interventions to the right foot. The provider documented "range of motion of the foot was good" and strength was limited. The provider documents the patient has been full weight-bearing in a regular shoe. The clinical note dated October 18, 2013 documents the patient was seen under the care of [REDACTED]. The provider documents since the patient was denied utilization of a TENS unit for his right foot pain complaints, the patient has had to increase his medication utilization. As well, the patient has had to begin utilizing a CAM boot for 6 weeks due to a significant increase in pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four Packs Electrodes Between September 23, 2013 and November 7, 2013: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

Decision rationale: The current request is supported. The clinical documentation submitted for review reports the patient has been utilizing a TENS unit with positive efficacy noted both for his lumbar spine and his right foot pain complaints. The provider documents on clinical note dated October 18, 2013 that the patient had been utilizing a TENS unit which decreased his medication intake. Additionally, the patient had been utilizing a regular shoe postoperatively to the right foot and had to begin utilizing a CAM boot again due to discontinuation of use of a TENS unit. As the patient and the provider report positive efficacy of pain complaints to the right foot, the current request is supported. As California MTUS indicates a trial period of a TENS unit should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function. Given that the patient reported positive efficacy with use of a TENS unit postoperatively, the patient was utilizing a regular shoe to the right foot and subsequently had to go back to a CAM boot and increase of pain medication with discontinuation of a TENS, the request for 4 Packs Electrodes Between September 23, 2013 and November 7, 2013 is medically necessary and appropriate.

One Transcutaneous Electrical Nerve Stimulation Unit Between September 23, 2013 and November 17, 2013: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

Decision rationale: The current request is supported. The clinical documentation submitted for review reports the patient has been utilizing a TENS unit with positive efficacy noted both for his lumbar spine and his right foot pain complaints. The provider documents on clinical note dated October 18, 2013 that the patient had been utilizing a TENS unit which decreased his medication intake. Additionally, the patient had been utilizing a regular shoe postoperatively to the right foot and had to begin utilizing a CAM boot again due to discontinuation of use of a TENS unit. As the patient and the provider report positive efficacy of pain complaints to the right foot, the current request is supported. As California MTUS indicates a trial period of a TENS unit should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function. Given that the patient reported positive efficacy with use of a TENS unit postoperatively, the patient was utilizing a regular shoe to the right foot and subsequently had to go back to a CAM boot and increase of pain medication with discontinuation of a TENS, the request for 4 Packs Electrodes Between September 23, 2013 and November 7, 2013 is medically necessary and appropriate.