

Case Number:	CM13-0037492		
Date Assigned:	12/13/2013	Date of Injury:	12/02/2004
Decision Date:	02/24/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/23/2013

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 Occupational Medicine 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 is a 59 year old male with date of injury of December 2, 2004. Patient has complaints of the neck, right shoulder, lumbar spine, left knee, and right ankle pain. The patient had a flare-up of right ankle pain as of October 1, 2013. A TENS unit is requested as of June 24, 2013 stating that prior therapy sessions have used the unit and it has helped. The request was for a 30 day trial. Patient has had acupuncture, chiropractic, heat treatment, ice treatment, massage therapy, physical therapy and surgery to the shoulder and ankle. There is a note dated October 4, 2013 indicating request for tens unit for the right ankle. There's no physical exam of the ankle, or any indication as to why the tens unit would be helpful for the ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENS TENS unit right ankle: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation ODG

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

Decision rationale: CA MTUS discusses the use of transcutaneous electrical stimulation on page 116 of CP Guides. It includes specific criteria for use. Although the physician did not

document indications specifically, the patient did meet criteria under guidelines for TENS trial. The patient has long-term chronic intractable pain in the ankle that has been documented for more than three months and is apparently failed conservative and surgical treatment for the ankle. Therefore a 30 day trial of TENS unit is appropriate.