

Case Number:	CM13-0039098		
Date Assigned:	12/18/2013	Date of Injury:	05/05/2011
Decision Date:	03/12/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/03/2013

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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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:

This is a 5'6", 180 lbs, 52 year-old female who was injured on 5/5/2011. According to the 8/28/13 report from [REDACTED], she presents with 10/10 pain in the right foot/ankle. She is diagnosed with pain in ankle/foot; adhesive capsulitis ankle; synovitis ankle; Tarsal tunnel syndrome; neuropathy of ankle; chronic lower limb pain; and reflex sympathetic dystrophy (RSD).

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS unit for the right ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

Decision rationale: The patient presents with severe 10/10 foot/ankle pain. She has been diagnosed with RSD. On 10/5/2012 she underwent a tarsal tunnel release and right plantar fasciotomy. There medical reports from 7/22/13, 7/24/13, 8/28/13. and 9/24/13 are reviewed. The 8/28/13 report notes the TENS had been approved. The 9/24/13 report continues to document 10/10 pain and does not discuss efficacy of the TENS. None of the available reports

discuss the outcome of the TENS trial. The MTUS criteria for use of TENS includes: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial" The outcome and usage for a TENS trial has not been provided for IMR. The request for purchase of a TENS unit without documentation of a successful trial is not in accordance with MTUS guidelines.