

Case Number:	CM13-0063301		
Date Assigned:	12/30/2013	Date of Injury:	11/23/2012
Decision Date:	04/14/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/09/2013

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 Orthopedic Surgery 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 27-year-old female who reported an injury on 11/23/2012. The mechanism of injury was not specifically stated. The patient is diagnosed as status post left ankle arthroscopy with osteochondral defect. The patient was seen by [REDACTED] on 11/12/2013. The patient was 3 months status post left ankle arthroscopy. Physical examination revealed normal range of motion without crepitus or tenderness. The patient also demonstrated 5/5 motor strength in bilateral lower extremities. Treatment recommendations included a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MONTH RENTAL OF A TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but may be used as a non-invasive conservative option in adjunct to a program of evidence based functional restoration. As per the documentation submitted, there is no evidence of persistent pain at least 3 months in duration.

There is also no indication that other appropriate pain modalities have been tried and failed. There was no documentation of a treatment plan, including the specific short and long term goals of treatment with the unit. The patient demonstrates normal range of motion without crepitus or tenderness, and 5/5 motor strength. Based on the clinical information received, the request is non-certified.