

Case Number:	CM13-0065374		
Date Assigned:	01/15/2014	Date of Injury:	10/26/2011
Decision Date:	05/20/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/13/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 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 injured worker is a 57-year-old female with a date of injury on October 26, 2011. The mechanism of injury was when she stepped off of a concrete step and injured her left ankle. The injured worker's diagnoses include sprain and scarring of the medial and lateral collateral ligament complex and the patient has undergone left ankle surgery on November 6, 2012. The disputed request is for a TENS unit. A utilization review determination on November 18, 2013 denied the request for TENS unit made on November 15, 2013. The stated rationale was that there was no evidence of specific short and long-term goals of treatment with the TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens Unit Section Page(s): 114-116.

Decision rationale: The Expert Reviewer's decision rationale: In the case of this injured worker, there are diagnoses of left ankle sprain with ligament laxity. Per the California Medical Treatment and Utilization Schedule, the indication for a TENS unit is not made as the patient

does not possess any of the diagnoses above such as complex regional pain syndrome, neuropathic pain, spasticity, multiple sclerosis to indicate TENS. The request for TENS unit is not medically necessary.