

<b>Case Number:</b>	CM14-0002371		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	02/23/2009
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Internal 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:

Patient is an injured worker with a left ankle condition. Date of injury was 02-23-2009. Primary treating physician's PR-2 dated 12-26-2013 provided a progress report. Subjective: left ankle pain, muscle spasms to left calf. Mechanism of injury: tripped while walking and carrying a heavy item. Accepted body part: left ankle. Surgery to left ankle September 2009 and September 2012. Physical examination: antalgic gait, movements of left ankle are restricted, tenderness of left ankle, motor weakness of left ankle, left calf muscle spasm. Diagnoses: pain in joint lower leg; causalgia lower limb; spasm of muscle. Utilization review dated 12-30-2013 recommended non-certification of the request TENS unit for at-home use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE TENS UNIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on the Medical treatment utilization schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Page 114-117: Transcutaneous electrotherapy; the Official Disability Guidelines (ODG) TENS, chronic pain (transcutaneous electrical nerve stimulation) and Ankle & Foot (Acute & Chronic), Transcutaneous electrical neurostimulation (TENS); and Medical treatment utilization schedule (MTUS); and American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004), Chapter 14, Ankle and Foot Complaints Page 371; and the AAN clinical guidelines.

**Decision rationale:** Medical records documented that the patient had a chronic left ankle condition status post two ankle surgeries in 2009 and 2012. The accepted body part is the left ankle. MTUS, ODG, and AAN clinical guidelines do not support the medical necessity of TENS for the management of ankle disorders. Therefore, the request for One Tens Unit is not medically necessary and appropriate.