

Case Number:	CM14-0105580		
Date Assigned:	07/30/2014	Date of Injury:	10/16/2004
Decision Date:	10/03/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

Medical records reflect the claimant is a 60 year old female who sustained a work injury on 10-6-04. On this date, the claimant pulled a 3 to 4 lbs file out of a cabinet. Office visit on 3-12-14 notes the claimant had right ankle pain. On exam, DTR caused pain. The claimant continued with poor function. The claimant had authorization and was scheduled for removal of internal fixation and decompression of the lesser saphenous nerve of the right ankle. The claimant was status post repair of the lateral collateral ligaments of the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) foot and ankle chapter - TENS

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a

program of evidence-based functional restoration. This modality is recommended for conditions such as spasticity, multiple sclerosis, neuropathic pain, phantom limb pain. There is an absence in documentation noting that this claimant has had a trial with daily pain diaries noting functional and documented improvement. Therefore, the medical necessity of this request is not established.