

<b>Case Number:</b>	CM14-0105711		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/01/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 46-year-old female with a date of injury of 06/01/2012. The listed diagnoses per [REDACTED] are: 1. Pain, left greater than right foot. 2. Plantar fasciitis, bilateral. 3. Tenosynovitis of the intrinsic muscles, plantar bilateral foot. 4. Tarsal tunnel syndrome. According to progress report 06/10/2014, the patient presents with pain in the foot and ankle joint. She has secondary complaints of hip and back. Pain is described as burning and stabbing and rated as 05/10 on a pain scale. The patient is currently taking Ibuprofen for pain relief. Examination of the lumbar spine, cervical spine, and shoulders revealed normal range of motion. Orthopedic and neurological testings were noted as all negative upon palpation over the plantar fasciitis bilaterally, the calcaneus on the left greater than right and the left medial side of calcaneus. Treating physician states the patient had "relief with electrical therapy at physical therapy so I dispensed a TENS unit." Request for authorization from 06/17/2014 request TENS unit for patient's pain in ankle and foot joint. Utilization review denied the request on 06/24/2014.

### 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 ACOEM Chapter 14 Ankle and

Foot Complaints,Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation Page(s): 114-116).

**Decision rationale:** This patient presents with pain in the foot and ankle joint. She has secondary complaints of hip and back pain. The treating physician has provided patient with a TENS unit for use at home for patient's ankle and foot joint pain. Per MTUS Guidelines 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality but a one-month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom-limb pain, and multiple scoliosis. In this case, recommendation is for denial as this patient does not present with any of the diagnosis that MTUS allows for a trial of a TENS unit. Furthermore, the treating physician has stated that patient has used a TENS unit in physical therapy, but there are no discussion of functional improvement to warrant further use. Therefore, this request is not medically necessary.