

<b>Case Number:</b>	CM14-0013826		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	11/17/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Occupational 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:

This is a 30-year-old male with an 11/17/12 date of injury to the right foot and ankle after his foot was run over by a forklift. The patient was seen on 10/15/13 for an injection of the right great toe. He was seen on 2/11/14 for ongoing right ankle and d foot pain. It notes that a magnetic resonance imaging (MRI) showed a plantar tear of the first metatarsophalangeal (MTP) joint of the right foot and grade 3-4 chondromalacia. His complaints on that visit were pain in the great right toe. One exam he was unable to do a toe stand secondary to pain and hyper-flexion caused severe pain. Surgical Intervention was discussed, as a treatment option. Treatment to date is medications and injection to the right great toe. A UR decision dated 1/22/14 denied the request given there was no indication of neuropathic pain and thus no need for a TENS unit or supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) UNIT PADS TIMES FOUR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT Page(s): 114-116.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. There is inadequate documentation that the patient requires ongoing TENS unit therapy or that it has been providing any benefit. In addition, there is scant information regarding the use of a TENS unit in this patient, and the patient is noted to have a plantar tear of the first metatarsophalangeal (MTP) joint of the right foot that requires surgery, hence the utility of a TENS unit in this case unclear. Therefore, the request for purchase of transcutaneous electrical nerve stimulation (tens) unit pads times four was not medically necessary.