

Case Number:	CM14-0018428		
Date Assigned:	04/18/2014	Date of Injury:	06/12/2012
Decision Date:	06/30/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/13/2014

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 & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 65-year-old male who reported an injury on 06/12/2012. The mechanism of injury was reported as a direct trauma/crush injury. Per the 03/19/2014 physical therapy evaluation, the injured worker reported left foot and first toe pain rated at 4/10 with loss of balance. The injured worker had a mild antalgic gait without an assistive device. Active range of motion of the left ankle included 20 degrees of dorsiflexion, 45 degrees of plantar-flexion, 30 degrees of inversion, and 13 degrees of eversion. Motor strength of the left foot was 4+/5. The treatment plan included the application of an E-Stim to the left foot. The provider requested electrodes, batteries, and lead wires. The request for authorization form was not present in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIFTY (50) ELECTRODES, PER PAIR BETWEEN 11/18/2013 AND 11/18/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY, Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Transcutaneous electrical neurostimulation (TENS).

Decision rationale: The CA MTUS guidelines state a transcutaneous electrical nerve stimulation (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. The Official Disability Guidelines (ODG) further state, a TENS unit for the ankle and foot is not recommended and there is little information available from trials to support the use of many interventions for treating disorders of the ankle and foot. Since the use of a TENS unit is not recommended for the ankle and foot, the 50 electrodes for the unit are not necessary. As such, the request is non-certified.

TWELVE (12) REPLACEMENT BATTERIES BETWEEN 11/18/2013 AND 11/18/2013:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY, Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Transcutaneous electrical neurostimulation (TENS).

Decision rationale: The CA MTUS guidelines state a transcutaneous electrical nerve stimulation (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. The Official Disability Guidelines (ODG) further state, a TENS unit for the ankle and foot is not recommended and there is little information available from trials to support the use of many interventions for treating disorders of the ankle and foot. Since the use of a TENS unit is not recommended for the ankle and foot, the 12 replacement batteries for the unit are not necessary. As such, the request is non-certified.

TWO (2) LEAD WIRES, PER PAIR BETWEEN 11/18/2013 AND 11/18/2013, IS NOT:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Transcutaneous electrical neurostimulation (TENS).

Decision rationale: The CA MTUS guidelines state a transcutaneous electrical nerve stimulation (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. The Official Disability Guidelines (ODG) further state, a TENS unit for the ankle and foot is not recommended and there is little

information available from trials to support the use of many interventions for treating disorders of the ankle and foot. Since the use of a TENS unit is not recommended for the ankle and foot, the 2 lead wires for the unit are not necessary. As such, the request is non-certified.