

Case Number:	CM14-0019575		
Date Assigned:	04/23/2014	Date of Injury:	10/01/2012
Decision Date:	08/15/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/17/2014

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 Hawaii. 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 case is a 69-year-old male with a date of injury on 10/1/12. A review of the medical records indicates that the patient is undergoing treatment for ruptured Achilles tendon and diabetic neuropathy. Subjective complaints include left foot and ankle pain rated at 4-5/10 and able to walk further now since physical therapy. Objective findings include antalgic gait, tenderness to palpation of Achilles, tenderness over left anterior ankle joint, and decreased range of motion to left ankle. Treatment has included podiatry consultation, short leg cast, Norco, physical therapy, Prozac, and at home therapy. Medical records do not indicate that a trial of TENS unit was undertaken or the results of the trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT AND SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 54, 114-116, 118-120.

Decision rationale: The MTUS guidelines state that insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation,

also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists. The guidelines further state that this treatment is not recommended as an isolated intervention. The criteria for indication include pain that is ineffectively controlled due to diminished effectiveness of medications, pain that is ineffectively controlled with medications due to side effects, patients with a history of substance abuse, significant pain from postoperative conditions that limits the ability to perform exercise programs/physical therapy treatment, or for patients who are unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. Medical documents do not indicate that the pain is ineffectively controlled due to medication or medical side effects. Additionally, there is no history of substance abuse documented or any indication that the patient is postoperative or unable to participate in physical therapy programs. Additionally, the patient appears to have improved with physical therapy and has transitioned into home treatment. Finally, if the patient did qualify for a TENS unit, the guidelines state that an initial trial of one month is necessary to assess the effects and benefits. As such, the request is not medically necessary.