

Case Number:	CM14-0123931		
Date Assigned:	08/08/2014	Date of Injury:	05/25/2011
Decision Date:	10/01/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/05/2014

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 50 year old patient had a date of injury on 5/25/2011. The mechanism of injury was pulling a pallet of boxes and the heels of both feet started to hurt. In a progress noted dated 5/20/2014, subjective findings included persistent moderate to severe constant foot and ankle pain. She has worsening swelling of feet, and her pain has worsened and legs have given out due to pain. She has fallen on multiple occasions and injured her right wrist. On a physical exam dated 5/20/2014 objective findings included tenderness to palpation of dorsum of foot, medial lateral ankles, and the plantar ligaments bilaterally. The patient is scheduled for surgery on 7/15/2014. Diagnostic impression shows status post plantar fascial release of foot, plantar fasciitis, bilateral, and peroneal tendonitis, bilateral. Treatment to date: medication therapy, behavioral modification, surgery. A UR decision dated 7/21/2014 denied the request for Durable medical equipment transcutaneous electrical stimulation unit, stating that lack of efficacy of TENS therapy for ankle and foot conditions and postoperatively for this surgery based on evidence based clinical research to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment (DME) Transcutaneous Electrical Nerve Stimulation (TENS)
Unit: Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Foot and Ankle Sections: TENS Unit

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

Decision rationale: CA MTUS states that TENS is recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. However, transcutaneous electrical nerve stimulation (TENS) appears to be most effective for mild to moderate thoracotomy pain. TENS units were shown to be of lesser effect, or not at all, for other orthopedic surgical procedures. In a progress note dated 5/31/2014, the patient underwent plantar fascial release/fasciectomy of right foot. However, there was no details discussion or instructions regarding why how this treatment would benefit the patient. Furthermore, TENS unit appears to be most effective in procedures involving thoracotomy pain, and shown to be less effective for orthopedic surgical procedures. Therefore, the request for Durable medical equipment TENS unit is not medically necessary.