

Case Number:	CM14-0133122		
Date Assigned:	08/22/2014	Date of Injury:	10/21/2012
Decision Date:	09/30/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/20/2014

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 Preventative Medicine and is licensed to practice in Iowa. 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 patient is a 60 year old female employee with date of injury of 10/21/2012. A review of the medical records indicates that the patient is undergoing treatment for left ankle osteochondral lesion. She is status post two left knee operations. She has a history of depression, diabetes and asthma. Subjective complaints include pain in the ankle and foot. The patient cannot walk long distances due to pain. Objective findings include tenderness to palpation over the ankle and slightly decreased range of motion in the left ankle. Treatment has included physical therapy, orthotics and three cortisone injections for the left foot and ankle. Medications have included Tramadol, anti-depressants, Lisinopril 10mg, Singulair 10mg, Advair 10mg, and Simvastatin 40mg but prescribing physician, duration, and effectiveness are not mentioned. A left ankle arthroscopy with osteochondral debridement and grafting was approved on 7/1/2014. The utilization review dated 8/19/2014 non-certified the request for TENS unit and supplies and left ankle brace due to lack of documented need.

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 TENS (transcutaneous electrical nerve stimulation).

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

Decision rationale: MTUS states, "Not recommended as an isolated intervention" and details the criteria for selection: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or 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."The treating physician's progress notes do not indicate that the patient has poorly controlled pain, concerns for substance abuse, pain from postoperative conditions that limit ability to participate in exercise programs/treatments, or is unresponsive to conservative measures. As such, the request for TENS unit for the left ankle is not medically necessary at this time.

Left ankle brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-386.

Decision rationale: MTUS is silent on ankle braces. ACOEM Guidelines state, "Brace is not recommended for all Sub-Acute and Chronic Ankle and Foot disorders (Insufficient Evidence (I)) Prolonged support or bracing without exercise is not recommended due to risk of debilitation. Putting joints at rest in a brace or splinting should be for as short a time as possible." The date of injury was 10/21/2012 and we are outside the acute phase of injury. The treating physician has not provided medical documentation of a new injury or re-injury. In addition, medical records do not indicate the request for an ankle brace. As such, the request for a left ankle brace is not medically necessary.