

Case Number:	CM14-0136184		
Date Assigned:	09/03/2014	Date of Injury:	08/02/2013
Decision Date:	10/08/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/25/2014

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 American Board of Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 28-year-old male was reportedly injured on August 2, 2013. The most recent progress note, dated August 4, 2014, indicated that there were ongoing complaints of right ankle pain. There were some numbness and tingling noted into the right lower extremity. The physical examination noted a healed scar, tenderness to palpation about the right ankle, no swelling about the right ankle and a full range of motion. There were no G.I. symptoms identified. The physical examination demonstrated a full range of motion, tenderness about the right ankle, and no swelling. Diagnostic imaging studies were not discussed. Previous treatment included surgical intervention, physical therapy, multiple medications. A request had been made for TENS unit and was not certified in the pre-authorization process on August 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS for purchase, Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines; Transcutaneous electrotherapy P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

Decision rationale: As noted in the MTUS, this type of unit is not recommended as a primary treatment modality. Therefore, when noting the date of injury, the injury sustained, the finding on physical examination, and the lack of any significant acute osseous abnormalities or specific nerve encroachment and by the fact that there is no evidence of a trial of this device, there is insufficient clinical evidence presented to support the medical necessity of this device purchase. Therefore, TENS for purchase, Right Lower Extremity is not medically necessary.