MAXIMUS Federal Services

Case Number:	CM14-0150430		
Date Assigned:	09/18/2014	Date of Injury:	10/21/2006
Decision Date:	10/24/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/16/2014

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 and Rehabilitation, and is licensed to practice in Texas and Ohio. 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 49-year-old female who reported injury on 10/21/2006. The mechanism of injury was not provided. The injured worker's diagnosis is status post fracture of the right 5th proximal phalanx; and status post bilateral feet Morton's neuroma excision on the right; and bilateral plantar fasciitis on the left, left hip strain/sprain with greater trochanter bursitis; increased symptoms secondary to abnormal gait; left knee, right knee, and low back symptoms. The injured worker's past treatments included medications, bracing, acupuncture, and home exercise program. The injured worker's diagnostic testing was not provided. The injured worker's surgical history included status post fracture of the right 5th proximal phalanx performed on 01/02/2014, status post bilateral feet Morton's neuroma excision performed on 02/02/2011 on the right and 02/17/2012 on the left, with bilateral plantar fasciitis. On the clinical note dated 08/15/2014, the injured worker complained of bilateral foot pain. The injured worker rated pain with meds 5/10 to 10/10 and without meds 8/10. The injured worker had ongoing right ankle weakness with buckling for 2 to 3 months; swelling, tenderness to palpation over the bilateral plantar fascia and 1st metatarsophalangeal joint and the right 5th phalanx; mid bilateral joint ankle swelling noted. The injured worker had range of motion of the ankles with extension 15 degrees, flexion 35 degrees, inversion 25 degrees, and eversion of 15 degrees. The injured worker's medications included Norco 10/325 mg twice a day, gabapentin 600 mg twice a day. The request was for a TENS unit. The rationale for the request is to manage chronic pain and increase function in activities of daily living. The Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

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

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

Decision rationale: The request for TENS unit is not medically necessary. The injured worker is diagnosed with status post fracture of the right 5th proximal phalanx, status post bilateral foot Morton's neuroma excision, and bilateral plantar fasciitis; left hip strain/sprain with greater trochanter bursitis; increased symptoms secondary to abnormal gait; left knee, right knee, and low back symptoms. The injured worker complains of bilateral foot pain rated 5/10 to 10/10 with medication and 8/10 without medication. The California MTUS Guidelines do not recommend as a primary treatment modality, but a 1 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. Medical records must have documentation of pain of at least 3 months duration, there is evidence that other appropriate pain modalities have been tried, including medication, and failed, a 1 month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function (the guidelines state rental would be preferred over purchase during this trial), that their ongoing pain treatment should also be documented during the trial. A treatment plan including the specific short and long term goals of treatment with the TENS unit should be submitted, including medication usage. The injured worker's medical records indicate the use of pain medications and acupuncture for pain relief. The injured worker's medical records indicate pain has lasted for longer than 3 months. The request does not indicate whether the TENS unit is for rental or for purchase. Additionally, the request does not indicate the application site, the frequency of use, and length of time to be used. As such, the request for TENS unit is not medically necessary.