

Case Number:	CM14-0025537		
Date Assigned:	06/13/2014	Date of Injury:	04/05/2005
Decision Date:	08/11/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/28/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 46 year old female who sustained an injury to her left foot on 04/05/05 after having taken a spill on the left foot, exacerbating a previous injury. A clinical note dated 12/23/13 reported that the injured worker returns post-op 6 weeks, complaining of some persistent pain in the left lateral ankle. She has been utilizing a CAM walker for non-weight bearing. She has tried postoperative physical therapy and has had increased pain when attempting to do so. Physical examination noted minimal tenderness to palpation noted along the left posterior tibial tendon repair site; mild dehiscence noted in the posterior leg; no purulence or odor; no erythema; area is not tender; small rupture dehiscence noted in the lateral heel incision which is easily debrided. Plain radiographs revealed excellent healing across the osteotomy site. There were no subluxations present; the impression was left leg wound dehiscence and well-healed calcaneal osteotomy. The injured worker was scheduled to have removal of hardware of the left ankle performed on 03/07/14. She had responded well to the surgery; however, she still does have persistent pain with continued swelling and at this standpoint it was recommended that the injured worker undergo removal of hardware to alleviate her symptoms along with TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous Electric Nerve Stimulation) unit per report dated 01/21/2014:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-115. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), TENS (Transcutaneous Electric Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electric Nerve Stimulation) Page(s): 114-16.

Decision rationale: The request for a transcutaneous electrical nerve stimulation (TENS) unit per report dated 01/21/14 is not medically necessary. The previous request was denied on the basis that there was no discussion of a specific diagnosis for which a TENS unit is recommended, nor is there documentation of a recommended program of functional restoration with which the TENS unit is to be used. The Chronic Pain Medical Treatment Guidelines states that, while TENS may reflect the long standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. Several published evidence based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Given this, the request for a TENS unit per report dated 01/21/14 is not indicated as medically necessary.