MAXIMUS Federal Services

Case Number:	CM14-0027404		
Date Assigned:	06/13/2014	Date of Injury:	11/01/2010
Decision Date:	07/21/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/04/2014

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:

The applicant has filed a claim for an ankle fracture reportedly sustained in an industrial injury of November 1, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; reported diagnosis with an ankle fracture; ankle corticosteroid injection therapy; adjuvant medications; and reported return to work. In a Utilization Review Report dated February 20, 2014, the claims administrator denied a request for a transcutaneous electrical nerve stimulator (TENS) unit, stating that information gleaned during the teleconference with the attending provider suggested that the applicant had previously received a TENS unit and associated supplies in 2011 and had reportedly used the same with good effect, noting that the applicant had returned to regular work. Per the claims administrator, the attending provider was uncertain as to why new TENS unit was being sought.The applicant's attorney subsequently appealed. In a December 16, 2013 progress note, the applicant was described as having persistent, severe, 8/10 ankle, heel, low back, and foot pain. The applicant was described as very depressed. The applicant exhibited a slow and steady gait. The applicant was described as unemployed. Toradol injection and Cymbalta were endorsed. In earlier notes of October 16, 2013 and November 19, 2013, it was stated that the applicant was in fact working as a laborer for [redacted]. The applicant was given a variety of medications and ankle corticosteroid injections. There was no mention of the applicant's using a TENS unit at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT AND SUPPLIES PURCHASE FOR RIGHT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulator (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Transcutaneous Electrical Nerve Stimulator (TENS) Page(s): 116.

Decision rationale: No, the proposed TENS unit and associates supplies purchase for the right ankle are not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit and/or provision of associated supplies beyond an initial one-month trial should be predicated on evidence of favorable outcomes in terms of both pain relief and/or function as a result of said trial. In this case, however, the limited information on file does not establish the presence of a previously successful trial of the TENS unit device in question. Therefore, the request is not medically necessary.