

Case Number:	CM14-0028149		
Date Assigned:	06/13/2014	Date of Injury:	11/23/2012
Decision Date:	08/11/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/05/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 58 year old female with a work injury dated 11/23/12. The diagnoses include pain in the right ankle and status post right ankle surgery. Under consideration is a request for purchase of a TENS unit with supplies for the right ankle symptoms. There is a 2/3/14 primary treating physician document that states that the patient is in today for post-operative care for her right ankle surgery of 01/22/2014. The patient is doing better. She stopped wearing her Walker Boot; she is using her compression stockings. She does not have her TENS unit. On physical examination the right ankle shows the patient is full weight-bearing. She is using a single-point cane. She has returned to the bimalleolar splint and a bedroom slipper. The skin is in good condition. She can move the digits of the right foot without difficulties. There is no evidence of Chronic Regional Pain Syndrome at this time. The right foot is not shiny, blue and there is no hyperesthesia. There is tenderness along the surgical site, especially at the distal portion of the surgical site. There is slight wound dehiscence at this region but there are no signs of infection, drainage or malodor. The treatment plan includes Keflex, right ankle brace, single point cane, and a TENS unit. There is a 5/4/13 document that states that on December 11, 2012 surgery was performed on her right ankle. She was referred for post-operative therapy, twice a week for two months. She was treated with exercises, cold packs, electrical stimulation, TENS unit and massage.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A TENS UNIT WITH SUPPLIES FOR RIGHT ANKLE SYMPTOMS:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens unit Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: Purchase of a TENS unit with supplies for the right ankle symptoms is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that TENS can be used for the relief of acute post-operative pain is covered for 30 days or less. The guidelines also state that a one-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 rental would be preferred over purchase during this time. The documentation submitted does not reveal the documentation of use and outcomes recommended prior to having a rental or home TENS unit. The documentation does not indicate surgery within the past 30 days or evidence of (CRPS) Complex regional pain syndrome which are conditions the TENS is used for. The MTUS guidelines recommend TENS as an adjunct to a program of evidence-based functional restoration. Additionally, there should be a treatment plan including the specific short- and long-term goals of treatment with the TENS unit documented. The above documentation does not submit evidence of a treatment plan or an ongoing documented program of evidence based functional restoration. Therefore request for Purchase of a TENS unit with supplies for the right ankle symptoms is not medically necessary.