

Case Number:	CM14-0030333		
Date Assigned:	06/20/2014	Date of Injury:	08/24/2011
Decision Date:	08/04/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/10/2014

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 Illinois. 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 with a reported date of injury on 08/24/2011. The mechanism of injury was reportedly caused by being knocked down by a forklift, and dragged approximately 20 feet. The injured worker sustained a crushing injury to the right foot, partially severed toes, and a fracture of the second metatarsal and fracture of the 3rd toe. Surgeries included 08/26/2011 for reconnection of the severed toes. Surgery dated 09/2011 was for debridement and open reduction and internal fixation of the 2nd metatarsal fracture. The injured worker underwent another surgery on 11/11/2011 for partial amputation of the 4th and 5th toes of the right foot. In addition, the injured worker is scheduled for surgery on 03/07/2014 for open reduction and internal fixation of the 2nd metatarsal fracture and 3rd toe fracture of the right foot and removal of iatrogenic webbing between the 3rd and 4th toe of the right foot. The clinical note dated 02/28/2014 indicated the injured worker presented for evaluation for right foot surgery. Upon physical examination, the injured worker presented with amputation of distal little toe and 4th toe, unable to do range of motion 2nd through 5th toes on the right with minimal range of motion on the right great toe. The injured worker's diagnoses included preoperative physical examination for right foot surgery, re-fracture of the 2nd metatarsal of the right foot, fracture of the 3rd toe of the right foot, iatrogenic webbing between the 3rd and 4th toes of the right foot, history of severe crushing injury to the right foot, and sensory loss over the lateral aspect of the right leg and right foot. The injured worker's medication regimen was not provided within the documentation available for review. The Request for Authorization for TENS unit purchase for postop pain and cold therapy unit rental for 8 weeks was submitted on 03/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit purchase for Post-Op Pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 114-117, Chronic Pain Treatment Guidelines Transcutaneous Electrical Muscle Stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

Decision rationale: The California MTUS Guidelines indicate that electrotherapy represents a therapeutic use of electricity and is a modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied on the surface of the skin. The California MTUS Guidelines do not recommend TENS 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. Phantom limb pain has some evidence to support the use of a TENS unit. The guidelines do not recommend the purchase of a TENS unit. The California MTUS Guidelines do not recommend TENS 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. The TENS unit purchase for post-op pain is not medically necessary and appropriate.