MAXIMUS Federal Services

| Case Number: | CM14-0037462 | | |
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| Date Assigned: | 06/25/2014 | Date of Injury: | 06/28/2013 |
| Decision Date: | 07/28/2014 | UR Denial Date: | 03/03/2014 |
| Priority: | Standard | Application Received: | 03/28/2014 |

## 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 23-year-old female presenting with chronic back pain following a work-related injury on June 28, 2013. The claimant reports constant pain in the right foot with numbness and swelling and pain in the right ankle. The pain is associated with aching and swelling. The claimant rates the pain at a 5 out of 10. The physical exam was significant for pain in the right leg with swelling and numbness, abnormal gait pattern with limp in the right leg, facet joint tenderness at L3-4 and L4-5, loss of arch of the right foot, laceration across her right calf, 6 inches long and positive Tinel sign for tarsal tunnel syndrome. X-ray of the right foot was significant for osteoporosis, mild tarsal irregularity second, third cuneiform and fractured base third, fourth metatarsal osteotomy suggestive of reflexes with sympathetic dystrophy. X-ray of the right tibia fibular was non-significant. The claimant was diagnosed with ankle sprain, complex laceration right calf triceps are a, transected saphenous/posterior tibial nerve/tarsal tunnel syndrome, profound myoligamentous weakness, foot and ankle, rule out internal derangement, ankle and reflex sympathetic dystrophy right lower extremity. The provider recommended TENS unit, right-handed cane, and right foot/ankle AFO brace.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of right hand cane:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers Compensation, Online Edition. Chapter Ankle and Foot. Walking aids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Walking Aids.

**Decision rationale:** Right Hand Cane is not medically necessary. Per ODG walking aids (canes, crutches, braces, orthosis, and walkers) is recommended for patients with conditions causing impaired ambulation, when there is potential for ambulation with these devices. The claimant exhibited antalgic gait on physical exam; therefore, a right handed cane is not indicated in this case.

**Purchase TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints,Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

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

**Decision rationale:** Purchase TENS Unit is not medically necessary. Page 114 of MTUS states that a one month home-based TENs trial may be considered as a noninvasive conservative option, if used as an adjunct to an evidence based functional restoration program. As it relates to this case TENS unit was recommended as solo therapy and not combined with an extensive functional restoration program. Per MTUS, TENS unit is not medically necessary as solo therapy.