MAXIMUS Federal Services

Case Number:	CM14-0079380		
Date Assigned:	07/18/2014	Date of Injury:	04/02/2014
Decision Date:	09/19/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	05/29/2014

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 & Rehabilitation, 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 patient is a 23 year old male who was injured on 04/02/2014 when his left foot/ankle was caught in between hydraulic doors. He has been treated with medication including Norco, Robaxin and ibuprofen as well as a moon boot and crutches. On 05/07/2014 the patient had an initial chiropractic evaluation and complained on constant moderate to severe left ankle and foot pain rated at a 5-8/10 which would become severe at a 10/10 when he tried to step down and put weight on his left foot. It was documented that the patient was not receiving any current physical treatment and was only taking medications (Norco and Motrin). Physical examination documented the patient would walk with crutches and unable to weight bear on the left. There was grade 3 tenderness to palpation over the left ankle and foot and decreased range of motion of the left ankle compared to the right. He was recommended for physical therapy (PT), in office tens therapy, DME: Pro-tech Multi-Stim unit for home pain control, a MRI of the left foot and ankle, pain management, a podiatric consultation and ongoing use of the crutches and brace. The Utilization Review by Dr. [redacted] Non-Approved the request for a Pro-Tech Multi Stim Unit for the left foot/ankle on 05/28/2014 as there was no documentation indicating any of the required methods had been adequate in reducing the patients pain according to the guidelines cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro-Tech Multi Stimulator unit for home pain control (TENS); left foot/ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371,Chronic Pain Treatment Guidelines TENS, Chronic pain Page(s): 114-117.

Decision rationale: According to the reference for MTUS, neuromuscular electrical stimulation devices are not recommended for chronic pain, but a one-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 for neuropathic pain, like diabetic neuropathy and post-herpetic neuralgia, CRPS, phantom limb pain, spasticity, and multiple sclerosis. Since the medical records do not have any of these diagnoses, one month trial of TENS or a program of evidence-based functional restoration, the medical necessity is not established. Therefore, this request is not medically necessary.