MAXIMUS Federal Services

Case Number:	CM14-0097544		
Date Assigned:	07/23/2014	Date of Injury:	11/14/2012
Decision Date:	08/28/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/13/2014

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 Tennessee. 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:

This is a 53-year-old female with a 11/14/12 date of injury. The mechanism of injury occurred when she was involved in a golf cart accident. She was riding as a passenger in a golf cart and crashed into a forklift, and her left foot/ankle was crushed between the cart and an electric pallet jack. According to a 4/15/14 progress note, the patient reported constant, moderate to severe left foot pain which was increased with stretching and walking. She complained of frequent, moderate to severe low back pain with bending that is increased with walking, standing, and sitting for extended periods of time. She also stated that she had frequent, moderate to severe right and left knee pain. Objective findings include tenderness on palpation with limited, painful range of motion (ROM) and positive orthopedic evaluation to the lower back, foot, and bilateral knees; limited left and right knee ROM, patient ambulates via crutches. Diagnostic impression shows post surgical left foot, lumbar sprain/strain with left leg neuralgia, right knee medial meniscal tear, left and right knee sprain/strain. Treatment to date includes medication management, activity modification, acupuncture, chiropractic therapy, and surgery. A UR decision dated 5/30/14 denied the request for a transcutaneous electrical nerve stimulation (TENS)/electrical muscle stimulation (EMS) 30-day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostimulator TENS - EMS trial (30 days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle/ Foot Chapter, Pain Prime Dual TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: While MTUS Chronic Pain Medical Treatment Guidelines state that a one-month home-based TENS trial may be considered as a noninvasive conservative option, devices that combine TENS with modalities that are not recommended are also considered not recommended for use. Criteria for the use of a TENS unit include chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short and long-term goals of treatment with the TENS unit. A specific rationale as to why the patient needs this specialized combination unit was not provided. In addition, there is no documentation of failed conservative pain management modalities or desired goals to be achieved with a TENS/EMS unit. Therefore, the request is not medically necessary.