

<b>Case Number:</b>	CM14-0201345		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	06/07/2010
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Interventional spine 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 55 year-old female with a 6/7/2010 date of injury. According to the 11/11/14 orthopedic report, she presents with right foot pain and diagnosed as being 11 months status post right MTP capsulotomy, condylectomy and pinning 2-4 and excision of stump neuromas 2/3 and on 12/17/13, and has 2nd ray neuritis that was worse on the plantar surface than dorsum who has made significant progress with pain and swelling with use of the Dynatron STS unit; tenosynovitis foot/ankle; neuralgia. The patient had postsurgical PT and apparently the therapist provided sympathetic therapy with the Dynatron STS unit. The orthopedist felt it was beneficial and recommended a Dynatron STS unit for home use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Dynatron STS home unit:** 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), Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 114-121.

**Decision rationale:** The patient is a 55 year-old female who injured her right foot on 6/7/10. She underwent surgery MTP capsulotomy, condylectomy, pinning and removal of neuromas on 12/17/13. She was undergoing post-operative PT when the therapist provided sympathetic therapy with the Dynatron STS and the orthopedist notes subjective reduction in pain and swelling. The orthopedist requests: 1 Dynatron STS home unit. MTUS Chronic Pain Medical Treatment Guidelines, under the TENS section page(s) 114-121 for Dynatron STS refers readers to the sympathetic therapy section that states: "Sympathetic therapy not recommended. Sympathetic therapy is considered investigational. The lack of published outcomes from well-designed clinical trials prohibits scientific conclusions concerning the health outcome effects of sympathetic therapy for the treatment of pain. The MTUS guidelines specifically recommend against use of the Dynatron STS unit. The request for Dynatron STS home unit is not medically necessary.