

Case Number:	CM14-0206188		
Date Assigned:	12/18/2014	Date of Injury:	06/03/2013
Decision Date:	02/09/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/09/2014

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, 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 37 year old female with the injury date of 02/07/05. Per physician's one report 10/09/14, the patient has pain in her left ankle and left foot at 7/10. Her left ankle gives out frequently. Walking is associated with numbness in her left foot. MRI of the left ankle from 06/26/13 shows 1) nondisplaced fracture at the tip of the medial malleolus 2) sprain of the deltoid ligament involving the deep fibers of the deltoid ligament. The lists of diagnoses are: 1) Left ankle pain 2) Tibialis posterior tenosynovitis 3) Left ankle sprain 4) Deltoid ligament sprain 5) Degenerative osteoarthritis left ankle. The patient was given prescription for Celebrex, omeprazole, Lidoderm patch 5%. Per 05/30/14 progress report, the patient has bilateral foot and ankle pain, left worse than right. "The patient states that Ibuprofen does help and she has been trying to do stretching exercises and has tried not walking barefoot in the house, using athletic type shoes." The patient is able to return to modified duties. The patient had physical therapy and injections. The patient tried Lodine. The utilization review determination being challenged is dated on 11/14/14. Treatment reports were provided from 05/02/14 to 10/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit trial x 1 month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

Decision rationale: The patient presents with pain in her left ankle and left foot. The request is for TENS unit trial for a month. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home based trial may be consider for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, the patient does not present with any diagnosis indicated for the use of TENS unit. The patient does not have diagnosis of neuropathy, CRPS or other conditions. The patient presents with tendon/ligament issues and arthritic pain for which the use of TENS units are not indicated. Therefore the requested TENS unit is not medically necessary.