

Case Number:	CM15-0104712		
Date Assigned:	06/09/2015	Date of Injury:	09/26/2014
Decision Date:	07/23/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

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 injured worker was a 57 year old female, who sustained an industrial injury, September 26, 2014. The injury was sustained when the injured worker hit a lunch tray, stumbled and fell onto the left knee and hurt the left ankle. The injured worker previously received the following treatments physical therapy, left ankle MRI which showed mild T2 hyperintensity within the tarsal sinus, which may represent sprain of the underlying cervical and interosseous ligaments, small left ankle joint effusion and small calcaneal spur. The injured worker was diagnosed with unspecified left ankle sprain/strain chronic. According to progress note of January 6, 2015, the injured worker's chief complaint was left knee and ankle pain. The injured worker rated the pain at 2 out of 10. The pain comes and goes, but was aggravated by walking. The physical exam noted the injured worker ambulated without difficulty. There was tenderness with palpation of the lateral malleolus. The dorsal flex was 20 degrees, planter flexion was 45 degrees, inversion was 30 degrees and eversion was 20 degrees. The treatment plan included purchase of a TENS (transcutaneous electrical nerve stimulator) unit for the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS (Transcutaneous Electrical Nerve Stimulation) unit for the left ankle:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic, (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The requested Purchase of TENS (Transcutaneous Electrical Nerve Stimulation) unit for the left ankle, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, 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." The injured worker has left knee and ankle pain. The injured worker rated the pain at 2 out of 10. The pain comes and goes, but was aggravated by walking. The physical exam noted the injured worker ambulated without difficulty. There was tenderness with palpation of the lateral malleolus. The dorsal flexion was 20 degrees, planter flexion was 45 degrees, inversion was 30 degrees and eversion was 20 degrees. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, Purchase of TENS (Transcutaneous Electrical Nerve Stimulation) unit for the left ankle is not medically necessary.