

Case Number:	CM15-0136133		
Date Assigned:	07/22/2015	Date of Injury:	09/12/2014
Decision Date:	08/19/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/14/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 50 year old man sustained an industrial injury on 9/12/2014. The mechanism of injury is not detailed. Evaluations include chest x-ray dated 9/13/2014, left tibia/fibula x-rays dated 9/13/2014, left knee x-rays dated 5/12/2015, left ankle x-rays dated 5/12/2015, and left foot x-rays dated 5/12/2015. Diagnoses include status post left leg surgery, and adjustment disorder with mixed anxiety and depressed mood. Treatment has included oral medications, physical therapy, and acupuncture. Physician notes dated 6/15/2015 show complaints of left knee pain rated 6/10 with radiation to the shin with stiffness and weakness, left ankle and foot pain rated 6/10 with stiffness and a deep sensation, sleep disorder, anxiety, and stress. Recommendations include Bupropion XL, Diazepam, orthopedic consultation, MRIs of the left knee, ankle, and foot, physical therapy, and TENS therapy with hot and cold pack or thermal combo unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Transcutaneous Electrical Nerve Stimulation (TENS) unit: Upheld

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

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

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. There is no documentation of neuropathic pain in this case and only knee and ankle musculoskeletal pain was reported. Therefore, the prescription of Purchase of Transcutaneous Electrical Nerve Stimulation (TENS) unit is not medically necessary.

Thermal combo 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, Ankle and Foot.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Cold/heat
packs.?(http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT).

Decision rationale: According to ODG guidelines, cold therapy is "Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. (Kinkade, 2007) See also Heat therapy; Biofreeze cryotherapy gel". There is no evidence to support the efficacy of hot and cold therapy in this patient. There is not enough documentation relevant to the patient work injury to determine the medical necessity for cold therapy. There are no controlled studies supporting the use of hot/cold therapy in post op pain beyond 7 days after surgery. There is no documentation that the patient needs cold/hot therapy. Therefore, the request for Thermal combo unit is not medically necessary.