MAXIMUS Federal Services

Case Number:	CM15-0137441		
Date Assigned:	07/27/2015	Date of Injury:	11/28/2004
Decision Date:	08/24/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/16/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 25 year old male, who sustained an industrial injury on 11-28-2014, secondary to a heavy loaded cart running into his left Achilles tendon and left foot. On provider visit dated 05-28-2015 the injured worker has reported left ankle pain and swelling, developed pain in entire left leg and low back pain. On examination of the left ankle swelling, tender foot-ankle, poor extension of ankle was noted as well. Positive tenderness of Achilles was noted as well. The diagnoses have included severe Achilles tendinosis-left, significant bone contusion oscalsis -left, tarsal navicular fracture-left, left ankle edema and mild Achilles tendon contracture. Treatment to date has included medication and consultations. The provider requested transcutaneous electrical nerve stimulation (TENS) unit trial for 30 days for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) unit trial for 30 days for home use:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, p 114.

Decision rationale: The claimant sustained a work-related injury in November 2014 and continues to be treated for left ankle and foot pain. When seen, there was swelling with tenderness and decreased range of motion and poor strength. A 30 day trial of TENS was requested. The claimant has had physical therapy. Medications include Ultram. In terms of TENS, although not recommended as a primary treatment modality, a one-month home-based TENS trial may be considered as a noninvasive conservative option. Indications include pain, inflammation, and muscle spasm and, if effective, can be performed independently by the patient Low cost basic TENS units are available for home use and supplies such as electrodes can be reused many times. Therefore, a trial of TENS was medically necessary.