

Case Number:	CM15-0148093		
Date Assigned:	08/11/2015	Date of Injury:	03/26/2015
Decision Date:	09/08/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/30/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 45 year old female who sustained an industrial injury on 03-26-2015. Mechanism of injury occurred when a box fell on her right toe. Diagnoses include closed fracture of the great toe, nonunion of fracture, and tenosynovitis of the foot and ankle. Treatment to date has included diagnostic studies, medications, and a walking boot. She can work modified duty, but employer is unable to accommodate restrictions. There is documentation of an unofficial Magnetic Resonance Imaging report of the right foot that shows focal pressure lesion at the plantar aspect of the first metatarsal, no dislocation noted as per the 07-17-2015 report. A physician progress note dated 06-27-2015 documents the injured worker has pain primarily in the bottom of her right big toe with walking greater than one block, wearing closed toe shoes, and the sheets contacting her toe. She has swelling of her big toe with activity. She has a slight antalgic gait. There is tenderness to palpation of the big toe and her MTP and DIP joint. There is limited range of motion. She does have slight weakness of her big toe with resisted flexion and extension when compared to the left. A physician progress note dated 07-07-2015 documents a successful trial of a Transcutaneous Electrical Nerve Stimulation unit. Treatment requested is for TENS Unit Purchase Dispensed 7/7/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Purchase Dispensed 7/7/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116 of 127.

Decision rationale: This claimant was injured in March 2015 with a closed fracture of the great toe, nonunion of the fracture, and tenosynovitis of the foot and ankle. As of June 2015, there was still pain primarily in the bottom of her right big toe. As of July 2015, the physician annotates an alleged successful trial of a TENS unit, but success parameters were not defined, and there was no demonstration of objective functional improvement. The MTUS notes that TENS is 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, for the conditions described below. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions that warranted TENS. In the trial, there must be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. There was no evidence of such in these records. The request is appropriately non certified. Therefore, the requested treatment is not medically necessary.