

<b>Case Number:</b>	CM15-0180878		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 65-year-old male who sustained an industrial injury on 10-2-13. A review of the medical records indicates he is undergoing treatment for ankle joint inflammation with injury to anterior talofibular ligament with osteochondral lesion that minimally extends along the lateral talar dome, elements of Achilles tendonitis by MRI and stress and depression - secondary to chronic pain, impingement syndrome bilaterally status post shoulder surgery on the left, rotator cuff tear of the shoulder on the right, and chronic pain syndrome, as well as hypertension and diabetes mellitus, type II. Medical records (7-31-15 to 8-4-15) indicate complaints of a "flare-up" of pain in the right foot and ankle. The site of pain is noted to be the anterolateral aspect of his ankle on the right. The physical exam reveals tenderness along the anterior talofibular ligament. The treating provider indicates "motion of the ankle is satisfactory". Diagnostic studies have included an MRI of the right ankle on 3-3-14. Treatment has included the use of heat and cold, a TENS unit, and an injection in the right ankle. Effects on his activities of daily living are not addressed in the records. Treatment recommendations include a brace for the right ankle, a conductive garment for the right ankle, and 12 visits of physical therapy. The request for authorization (7-31-15) includes a conductive garment for the right ankle. The utilization review (8-18-15) indicates that "medical necessity is not described" and indicates that the guidelines "do not recommend a conductive garment with TENS use unless there is a large area requiring stimulation or there is a skin condition preventing ordinary TENS lead application".

## IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Stimulators conductive garment QTY 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** CA MTUS states that TENS units are not first line therapy but may be considered if those treatments have failed. Indications for use include : Chronic intractable pain with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried(including medication) and failed, a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. A conductive garment is only recommended if there is a skin condition, which precludes use of typical leads. In this case the medical record documents that the claimant is using a 4 lead TENS unit, though the rationale for 4 led unit usage is not included in the medical record. Additionally, there is no documentation of any skin disturbance or other anatomic issue, which would support need for a conductive garment. The request for conductive garment is not medically necessary.