MAXIMUS Federal Services

Case Number:	CM15-0191621		
Date Assigned:	10/05/2015	Date of Injury:	06/19/2015
Decision Date:	11/10/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/29/2015

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: Montana, Oregon, Idaho
Certification(s)/Specialty: Orthopedic Surgery

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 50 year old male who sustained an industrial injury on June 19, 2015. A recent primary treating office visit dated September 2015 reported subjective complaint of "left knee sharp pain," "left ankle pain." There is recommendation for a course of both acupuncture and physical therapy to decrease pain and increase mobility. He was also prescribed Naproxen. The following diagnoses were applied to this visit: left ankle strain and sprain, negative radiography study, and positive calcaneal heel enthesophyte, and left ankle strain and sprain. Contributing factors noted: stress, anxiety, depression and sleep disturbance. Current medications at follow up dated June 30, 2015 consisted of: Nabumetone and Ultracet. There is note of pending orthopedic referral. On August 11, 2015, he underwent a functional capacity evaluation. On September 03, 2015 a request was made for neurostimulator TENS unit with supplies trial, and orthopedic referral regarding left ankle that were noncertified by Utilization Review on September 17, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostimulator TENS-EMS unit with supplies-one month based trial: 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: According to the California MTUS Chronic Pain Medical Treatment Guideline regarding TENS, pages 113-114, chronic pain (transcutaneous electrical nerve stimulation), "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 neuropathic pain and CRPS II and for CRPS I (with basically no literature to support use). Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is 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." In this case there is insufficient evidence of chronic neuropathic pain from the exam note of to warrant a TENS unit. There is no documentation to support the diagnosis of CRPS 1 or 2. In addition, there is no documentation of a functional restoration program. Therefore the determination is for non-certification.

Orthopedic referral for the left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127, Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): General Approach, Surgical Considerations.

Decision rationale: According to the CA MTUS/ACOEM guidelines Chapter 14 (Ankle and Foot Complaints), pg 374-375, Referral for surgical consultation may be indicated for patients who have: Activity limitation for more than one month without signs of functional improvement. Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot. Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The guidelines go onto to recommend referral for early repair of ligament tears is controversial and not common practice. Repairs are recommended for chronic instability. In this case, there is insufficient evidence of the exam note from 7/29/15 of significant pathology to warrant Orthopedic Surgical consultation. There is lack of documentation of failure of physical therapy or exercise program for the patient's complaints. There is no documentation to support abnormal physical findings to correlate to the injured workers' subjective complaints. Therefore, the guideline criteria have not been met and request is not medically necessary.