MAXIMUS Federal Services

Case Number:	CM15-0194287		
Date Assigned:	10/08/2015	Date of Injury:	02/09/2010
Decision Date:	11/19/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/02/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female, who sustained an industrial injury on February 9, 2010, incurring injuries to the right and left foot. She was diagnosed with Morton's neuromas. In January 2011, she underwent a right foot tarsal tunnel release, and in November, 2013, she had a surgical excision of a right foot neuroma. In August 2014, she underwent a left foot neuroma excision and a second revision surgery was performed in May 2015. Other treatment included physical therapy, postoperative cortisone injections, topical analgesic gel, anti-inflammatory drugs, and medication management and activity restrictions. Currently, the injured worker complained of pain from the left second web space. Physical therapy and injections were not helpful. The continued foot pain interfered with her activities of daily living. The treatment plan that was requested for authorization on October 2, 2015, included a transcutaneous electrical stimulation unit. On September 24, 2015, a request for a transcutaneous electrical stimulation unit was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation

Official Disability Guidelines: Ankle & Foot (Acute & Chronic) - Transcutaneous electrical neurostimulation (TENS).

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

Decision rationale: The patient was injured on 02/09/10 and presents with right and left foot pain. The request is for TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) UNIT. The RFA is dated 09/18/15 and the patient is retired. There is no indication if the patient had any prior TENS use. MTUS Guidelines, Transcutaneous Electrotherapy section, page 116 states that TENS unit have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with the documentation of functional improvement, additional usage maybe indicated. The patient is diagnosed with Morton's neuromas. In January 2011, she underwent a right foot tarsal tunnel release, and in November 2013, she had a surgical excision of a right foot neuroma. In August 2014, she underwent a left foot neuroma excision and a second revision surgery was performed in May 2015. Treatment to date includes physical therapy, postoperative cortisone injections, topical analgesic gel, anti-inflammatory drugs, and medication management and activity restrictions. In this case, there is no mention of the patient previously using the TENS unit for a 1-month trial as required by MTUS guidelines. There are no discussions regarding any outcomes for pain relief and function. A trial of TENS may be reasonable. However, it is unclear if the treater is requesting for a one-month trial or a purchase. Therefore, the request IS NOT medically necessary.