

Case Number:	CM15-0198009		
Date Assigned:	11/06/2015	Date of Injury:	02/27/2014
Decision Date:	12/24/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/08/2015

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, Hawaii

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 61 year old female, who sustained an industrial injury on 02-27-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for sinus tarsi syndrome, peroneal tendinitis, chronic ankle sprain and strain, anxiety and depression. Medical records (01-13-2015 to 07-08-2015) indicate ongoing right ankle pain. Pain levels were 0 out of 10 on a visual analog scale (VAS). Per the treating physician's progress report (PR), the IW can work modified duties, otherwise would be totally temporarily disabled. The physical exam, dated 07-08-2015, revealed some discoloration 6 inches above the right ankle over the tibia secondary to the injury, tenderness from the distal one-third of the leg extending all the way down into the mortise joint, crepitation and some laxity with drawer stressing of the right ankle, good range of motion with pain at the end range of inversion, and positive Tinel's behind the lateral malleolus. Relevant treatments have included: physical therapy (PT), electrical stimulation, psychological treatments, work restrictions, and medications. Per the PR, dated 07-08-2015, the treating physician states that the IW "has been using a home stimulation unit with significant moderation of the right ankle" resulting in better toleration of weight bearing activities. The request for authorization (07-08-2015) shows that the following equipment was requested: X-Force Stimulator with garment for the right ankle. The original utilization review (09-10-2015) non-certified the request for X-Force Stimulator with garment for the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Force Stimulator with Garment for the Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation <http://www.sevensenseadm.com/force-stimulator/>.

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

Decision rationale: The records indicate the patient has chronic complaints of right ankle pain. The current request is for an x-force stimulator with garment for the right ankle. The 7/8/15 progress report states the patient is encouraged to continue the use of the home stimulator, and is encouraged to also become more active and add exercise to her regular schedule and to be done as tolerated. The CA MTUS has this to say regarding TENS: 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. A home-based treatment trial of one month may be appropriate for neuropathic pain (diabetic neuropathy and post-herpetic neuralgia) and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). In this case, there are records to indicate that the patient has been using a home stimulator unit, which has resulted in significant symptom moderation according to the 7/8/15 attending physician report. However, the indications for TENS include neuropathic pain and CRPS II. The medical records indicate a diagnoses of sinus tarsi syndrome, peroneal tendinitis, and chronic ankle sprain/strain. There is no report of diabetic neuropathy, post-herpetic neuralgia, or CRPS II. The current request for x-force stimulator with garment for the right ankle is not consistent with the MTUS guidelines and is not medically necessary.