

Case Number:	CM15-0029726		
Date Assigned:	02/23/2015	Date of Injury:	04/20/2010
Decision Date:	04/09/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/18/2015

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 48 year old female, who sustained a work/ industrial injury on 4/20/10 while working as a ditch tender and dropped 2-3 feet into a canal twisting her right ankle. She has reported symptoms of right foot and ankle dull achy pain and stiffness. Prior medical history was not documented. The diagnoses have included ankylosis of ankle and foot, sciatica, pain in joint, ankle and foot. Treatments to date included three operations (1/2011, 12/2011 and 3/2013), Supartz injection, acupuncture, physical therapy (40 visits), functional restoration program, independent home exercise program, medications, and gym program for use of a stationary bicycle. Diagnostics included a Magnetic Resonance Imaging (MRI) that noted partial tear of the anteroinferior tibiofibular ligament and the interosseous ligaments, post surgery changes, mild tibiotalar joint osteoarthritis with focal articular cartilage thinning along the medial talar dome, no discrete osteochondral defect, osseous proliferative changes within the medial ankle space involving the medial talar dome and medial malleolus. Medications included Ibuprofen, Norco, Flexeril, Phenergan, and short duration of Cymbalta. The treating physician's report (PR-2) from 11/18/14 indicated some radiation of symptoms up the leg, no extremity numbness or tingling, and no weakness. Walking was difficult due to the pain. Hardware was removed from foot on 12/14/13. Examination noted limited range of motion, tenderness to palpation. On 2/12/15, Utilization Review modified a Purchase of EMPI Transcutaneous Electrical Nerve Stimulation (TENS) Unit, Right Ankle to Thirty day trial of Transcutaneous Electrical Nerve Stimulation (TENS) unit, Right Ankle, noting the California Medical treatment Utilization Schedule (MTUS), and Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of EMPI Transcutaneous Electrical Nerve Stimulation (TENS) Unit, Right ankle:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 114-116.

Decision rationale: This patient presents with chronic right foot and ankle pain and is status post 3 surgeries. The current request is for PURCHASE OF EMPI TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION TENS UNIT, RIGHT ANKLE. Request for Authorization (RFA) is not provided in the medical file. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, the patient does not meet any of the indications for a TENS unit as outlined in MTUS. This request IS NOT medically necessary.