

Case Number:	CM15-0047314		
Date Assigned:	03/19/2015	Date of Injury:	06/05/2013
Decision Date:	04/24/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/12/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 51 year old female who sustained an industrial injury on June 15, 2013. She has reported a right peroneal tear and has been diagnosed with a right peroneal tear, post partial resection with localized neuritis. Treatment has included medical imaging, surgery, medications, physical therapy, and injections. Currently the injured worker complains of a burning sensation towards the end of the day with swelling. The treatment request included a percutaneous electrical nerve stimulator (neurostimulator).

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Electrical Nerve Stimulator (Neurostimulator), 1 Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS) Page(s): 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy and Percutaneous electrical nerve stimulation (PENS) Page(s): 54, 97 114-116, 118-120. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG) Ankle and Foot, Transcutaneous electrical neurostimulation (TENS).

Decision rationale: MTUS states concerning Percutaneous electrical nerve stimulation (PENS) "Not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. There is a lack of high quality evidence to prove long-term efficacy". ODG states specifically concerning the ankle and TENS "Not recommended. There is little information available from trials to support the use of many interventions for treating disorders of the ankle and foot. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated". Guidelines do not support neurostimulators for the ankle and foot. As such the request for Percutaneous Electrical Nerve Stimulator (Neurostimulator), 1 Unit is not medically necessary.