

Case Number:	CM15-0047896		
Date Assigned:	03/19/2015	Date of Injury:	09/14/2008
Decision Date:	04/24/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/13/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 57-year-old male, who sustained an industrial injury on 09/14/2008. He has reported subsequent right ankle pain and was diagnosed with right ankle pain and right second metatarsalgia. Treatment to date has included oral and topical pain medication, surgery, TENS unit and orthotic braces. In a progress note dated 01/18/2015, the injured worker complained of continued right ankle pain that was rated as 6-7/10. Objective findings were notable for edema, decreased range of motion and pain on palpation of the right ankle. A request for authorization of TENS renewal was made as the injured worker's TENS unit was broken and the physician noted that it had been helpful with symptom relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) purchase with supplies, quantity: 1, Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-115.

Decision rationale: The request is not medically necessary. A trial of TENS unit is reasonable as an adjunct to a functional restoration program when other conservative appropriate pain modalities have failed. The patient was not documented to have failed conservative therapy at this point. As per MTUS guidelines, TENS "does not appear to have an impact on perceived disability or long-term pain." The patient had improved with a TENS unit which is currently broken however no objective information on improvement in pain and function was provided. Therefore, the request is considered not medically necessary.