

Case Number:	CM15-0048102		
Date Assigned:	03/20/2015	Date of Injury:	04/24/2014
Decision Date:	04/24/2015	UR Denial Date:	02/24/2015
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: California
 Certification(s)/Specialty: Emergency 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 35 year old female, who sustained an industrial injury on April 24, 2014. The injured worker had reported right ankle and left knee pain. The diagnoses have included right ankle/distal fibular fracture, minimally displaced and left knee degenerative joint disease with internal derangement. Treatment to date has included medications, radiological studies, transcutaneous electrical nerve stimulation unit and physical therapy. The documentation notes that a transcutaneous electrical nerve stimulation unit was effective for the injured worker at therapy. Current documentation dated November 4, 2014 notes that the injured worker reported severe right ankle pain and left knee pain. Physical examination of the right ankle revealed swelling and tenderness. The tenderness was greatest on the lateral aspect. No signs of a complex regional pain syndrome were noted. Left knee examination revealed a painful and decreased range of motion with patellofemoral crepitation. McMurray's test was positive medial and laterally. The treating physician's plan of care included a request for a retrospective transcutaneous electrical nerve stimulation unit thirty day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: TENS 30 day trial period: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome (CRPS) pain. Patient has a diagnosis of ankle pain. There is no documentation of failures of multiple conservative treatment modalities. Guidelines recommend use only with Functional Restoration program which is not documented. There is no documentation of short or long term goal of TENS unit. Patient fails multiple criteria for TENS trial. TENS is not medically necessary.