

Case Number:	CM15-0054108		
Date Assigned:	03/27/2015	Date of Injury:	06/21/2005
Decision Date:	05/13/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/23/2015

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: Preventive Medicine, Occupational 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 61 year old female who sustained a cumulative industrial injury on June 21, 2005. The injured worker was diagnosed with bilateral chronic plantar fasciitis, bilateral chronic plantar calcaneal periostitis and bilateral plantar heel pain. The injured worker underwent a gastrocnemius resection of the right leg, right calcaneal decompression osteotomy, excision of plantar calcaneal spur right heel and partial plantar fasciotomy of the right foot in March 2009, a left gastrocnemius resection and partial plantar fasciotomy in September 2009 and a left total knee replacement in October 2009. According to the primary treating physician's progress, report on January 28, 2015 the injured worker continues to be limited in her ability to walk but the heel pain is a little improved. Examination demonstrated good sensation and strong pulses bilaterally. There is pain to the plantar medial calcaneal tubercle and origin of the plantar fascia, right greater than left. Orthotics contour well to her feet and show even wear. Current medications are listed as Norco, Celebrex and Opana ER. Treatment plan is to continue use of orthotics as tolerated, stretches and exercise, and the transcutaneous electrical nerve stimulation (TEN's) unit. This review is for the requested authorization for a 3-month supply of supplies for the transcutaneous electrical nerve stimulation (TEN's) unit. Purchase of the TENS unit was previously not authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodes for 3 months, Qty: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 68.

Decision rationale: Although the Official Disability Guidelines state that a TENS unit for of the ankle and foot is not recommended, the previous utilization review physician discussed this case with the requesting physician on 03/05/2015 and was provided additional information allowing him to authorize the TENS Unit; consequently, the requested Electrodes for 3 months, Qty: 1.00 is medically necessary.

Alcohol wipes for 3 months, Qty: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 68.

Decision rationale: Although the Official Disability Guidelines state that a TENS unit for of the ankle and foot is not recommended, the previous utilization review physician discussed this case with the requesting physician on 03/05/2015 and was provided additional information allowing him to authorize the TENS Unit; consequently, the requested Alcohol wipes for 3 months, Qty: 1.00 is medically necessary.

Batteries for 3 months Qty: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 68.

Decision rationale: Although the Official Disability Guidelines state that a TENS unit for of the ankle and foot is not recommended, the previous utilization review physician discussed this case with the requesting physician on 03/05/2015 and was provided additional information allowing him to authorize the TENS Unit; consequently, the requested Batteries for 3 months, Qty: 1.00 is medically necessary.