

Case Number:	CM15-0054291		
Date Assigned:	03/27/2015	Date of Injury:	07/01/2014
Decision Date:	05/04/2015	UR Denial Date:	02/23/2015
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:

This 43 year old male sustained an industrial injury to the right foot on 7/1/14. Previous treatment included x-rays, physical therapy, transcutaneous electrical nerve stimulator unit trial, home exercise and medications. In a PR-2 dated 1/14/15, the injured worker complained of ongoing foot pain. The physician noted that the injured worker was ambulating better without significant limp. The injured worker had some tightness of the plantar fascia and right lower extremity weakness. The physician noted that the fracture was healed at this point. Current diagnoses included right fifth metatarsal fracture, healing with some stiffness and scar tissue. The treatment plan included increasing activities, stretching, custom orthotics and a transcutaneous electrical nerve stimulator unit. The physician noted that the injured worker had a past transcutaneous electrical nerve stimulator unit trial with good results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Custom Foot Orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, Chronic Pain Treatment Guidelines Page(s): 98-99. 114-116.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic), Shoes.

Decision rationale: The Official Disability Guidelines recommend heel pads and insoles for ankle conditions and various types of footwear for knee arthritis. Custom made shoes are not supported by the ODG for foot conditions. Bilateral custom foot orthotics are not medically necessary.

TENS unit w/ supplies (purchase): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

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

Decision rationale: Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. PR-2 submitted with the request for authorization stated that the patient had demonstrated great functional improvement as a result of the trial use. I am reversing the previous utilization review decision. TENS unit w/ supplies (purchase) is medically necessary.