

<b>Case Number:</b>	CM15-0054832		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	08/18/2014
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 32 year old male, who sustained an industrial injury on 8/8/14. The injured worker was diagnosed as having closed fracture of right ankle and status post-surgical right ankle. Treatment to date has included physical therapy, Fenoprofen. Currently, the injured worker states his pain is significantly improved with physical therapy and Fenoprofen. Physical exam dated 3/3/15 noted difficulty with single leg/heel rise on right. The treatment plan included completion of physical therapy sessions, continuation of Fenoprofen and Tens patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS patch x 2 pair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 166, 203, Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

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

**Decision rationale:** The patient presents with ankle pain. The current request is for TENS patch x2 pair. The treating physician states, "He states that physical therapy was authorized (10 sessions) and has completed 5 sessions with significant benefit. Pain has become less frequent and ankle is getting stronger. He is able to tolerate full duty with exacerbating symptoms". (B.24) There is no further discussion of the current request except for one line requesting it as part of the treatment plan. The MTUS guidelines support the usage of a TENS unit for the treatment of chronic intractable pain caused by neuropathic pain, diabetic neuropathy, CRPS II, Spinal cord injury and MS. MTUS page 8 requires the ongoing monitoring of treatment and continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. In this case, the treating physician has not documented ongoing use of the TENS unit and the benefit or functional improvement that the patient receives from the unit. Without additional documentation of ongoing use and functional improvement, additional patches are not needed. The current request is not medically necessary and the recommendation is for denial.