MAXIMUS Federal Services

Case Number:	CM15-0055941		
Date Assigned:	04/01/2015	Date of Injury:	03/25/2014
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/24/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49-year-old male, who sustained an industrial injury on 03/25/2014. He reported injuring his right foot, right ankle, right lower leg, and suffering a closed head injury. The injured worker is currently diagnosed as having post-concussive syndrome, right ankle fracture, cervical sprain/strain, and thoracic sprain/strain. Treatment to date has included right ankle MRI, physical therapy, and medications. In a progress note dated 02/04/2015, the injured worker tolerated the Transcutaneous Electrical Nerve Stimulation Unit well. The treating physician reported requesting authorization for a Transcutaneous Electrical Nerve Stimulation Unit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1) Neuromuscular Electrical Stimulation (NMES devices), (2) Transcutaneous Electrotherapy Page(s): 121 and 114.

Decision rationale: The claimant is more than one-year status post work-related injury and continues to be treated for chronic ankle pain. When seen, a onetime TENS trial was done with reported decreased pain from 7/10 to 6/10. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS and the unit was dispensed after a single treatment with minimal pain relief. Therefore providing a TENS unit was not medically necessary.