

Case Number:	CM15-0060981		
Date Assigned:	04/07/2015	Date of Injury:	08/15/2014
Decision Date:	05/06/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/31/2015

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:

This 37-year-old man sustained an industrial injury on 8/15/2014 after his left foot was run over by a forklift loader, causing a fall. The worker received immediate medical attention including x-rays, splinting, and medications. Diagnoses include displacement fracture, metatarsal fracture, ulcer near foot, open laceration, crush injury of the ankle, and neuritis. Treatment has included oral and topical medications and surgical intervention. Physician notes dated 2/18/2015 show complaints of pain, swelling and instability in his foot as well as pain to the back and wrist. Recommendations include injection, left foot x-rays, continue strapping and bracing, shoes that fit AFO, daily compression stockings, strapping immobilization for control of left lower extremity edema and instability, crutch assistance, TENS unit, cane, physical therapy, continue Ibuprofen and Acetaminophen, smoking cessation program, transportation to and from medical appointments, Terocin patches, and follow up in three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase TENS unit with electrodes for the left foot: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy, p114 Page(s): 114.

Decision rationale: The claimant sustained a work-related injury in August 2014 with crush injury to the left foot and underwent ORIF of third and fourth metatarsal fractures on 09/16/14 with delayed healing. He has not started physical therapy or had a trial of TENS. 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. Since there is no documented trial of TENS, purchasing a TENS unit is not medically necessary.