

Case Number:	CM15-0081549		
Date Assigned:	05/04/2015	Date of Injury:	01/24/2015
Decision Date:	06/02/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/28/2015

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: Internal 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 56 year old male who sustained an industrial injury on 1/24/15. The injured worker reported symptoms in the right lower extremity. The injured worker was diagnosed as having right Achilles rupture. Treatments to date have included status post right Achilles tendon repair (2/17/15), Cam walker boot, and oral pain medication. Currently, the injured worker complains of right Achilles discomfort. The plan of care was for a transcutaneous electrical nerve stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit with fitting x 1 month trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle, TENS Unit.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, 376, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page 114-121. Electrical stimulators (E-stim) Page 45. Functional restoration programs (FRPs)

Page 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) Transcutaneous electrical neurostimulation (TENS).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 14 Ankle and Foot Complaints indicate that physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute ankle or foot symptoms, although some are used commonly in conjunction with an active therapy program, such as therapeutic exercise. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of these therapies. Passive physical therapy modalities are not recommended. Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) indicates that transcutaneous electrical neurostimulation (TENS) is not recommended. There is little information available from trials to support the use of many interventions for treating disorders of the ankle and foot. The operative report dated 2/17/15 documented surgical repair of a right Achilles tendon rupture. TENS was requested for the ankle condition. MTUS, ACOEM, and ODG guidelines do not support the use of TENS for ankle and foot conditions. Therefore, the request for TENS is not medically necessary.