MAXIMUS Federal Services

Case Number:	CM15-0081875		
Date Assigned:	05/04/2015	Date of Injury:	10/15/2013
Decision Date:	06/02/2015	UR Denial Date:	04/08/2015
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: Arizona, California
Certification(s)/Specialty: Family Practice

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 59-year-old male, who sustained an industrial injury on 10/15/2013. Diagnoses have included plantar fasciitis bilaterally, neuroma at the second interspace of the right foot, hammer toe deformity and heel spur syndrome. Treatment to date has included orthotics, physical therapy and right foot injections. The injured worker underwent plantar fascial release/fasciectomy of the right foot on 4/10/2015. According to the progress report dated 1/29/2015, the injured worker complained of pain in the bilateral feet. Physical exam revealed pain to palpation of the medial and central bands of the plantar fascia as well as pain to palpation of the second interspace. The treatment plan was for plantar fascia release of the right foot. Authorization was requested for a transcutaneous electrical nerve stimulation (TENS) unit and a cold therapy unit for the right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for the right foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain (transcutaneous electrical nerve stimulation) Page(s): 116-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. IT is not indicated for plantar faciitis / The length of use was not specified. The request for a TENS unit is not medically necessary.

Cold therapy unit for the right foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Cold packs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- knee pain and pg 16.

Decision rationale: According to the ODG, guidelines (foot guidelines not covered), cold therapy is indicated for acute phase of injury for a few days. In this case, there was no mention for length of use. In addition, cold pack can be used for similar purposes. A cold therapy unit for unspecified length of time is not justified and not medically necessary.