MAXIMUS Federal Services

Case Number:	CM14-0124886		
Date Assigned:	08/11/2014	Date of Injury:	01/29/2009
Decision Date:	09/29/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 71-year-old male who reported an injury on 01/29/2009. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of recurrent dislocation of ankle and foot and contusion of the foot. Past medical treatment consists of therapy, physical therapy, and medication therapy. Medications include Cymbalta 30 mg 1 tablet 2 times a day. The injured worker also underwent acupuncture. The injured worker also underwent epidural steroid injections. On 12/14/2010, an EMG/NCV was done on bilateral upper and lower extremities. On 04/27/2010, x-rays of the pelvis and knees were obtained. On 07/21/2014, the injured worker complained of increased pain in the toes and feet bilaterally. Examination of the foot revealed no swelling, deformity, nodules, corns, calluses or flat foot deformity. Range of motion was normal in inversion, eversion, flexion, and extension at all the joints of the right foot. No pain was noted during inversion, eversion, flexion, or extension at all the joints of the right foot. Tenderness to palpation was noted over the mid foot. One plus pitting edema was present. Sensation was decreased on plantar surface. The treatment plan is for the injured worker to have use of a TENS unit and home exercise kit. The rationale for the use of the machine is the injured worker stated that PT made the pain worse to the knee, so provider is requesting the use of a TENS unit and a home exercise kit in hopes that they will relieve pain on the injured worker. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 113-116,127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Criteria for the use of TENs Page(s): 116.

Decision rationale: The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home based TENS trial may be considered as a noninvasive conservative option as an adjunct to a program of evidence based functional restoration. The results of studies are inconclusive: Signed published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. There was a lack of documentation indicating significant deficits upon physical examination on the injured worker's ankle. The efficacy of the injured worker's previous course of conservative care was not provided. The request as submitted is also unclear as to if the injured worker needed to rent or purchase the TENS unit. Furthermore, it was not specified in the submitted request what extremity the unit would be used on. As such, the request for a TENS unit is not medically necessary.

Home Exercise kit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle, Exercise.

Decision rationale: The California MTUS Guidelines state there is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficiency evidence to support the recommendation of any particular exercise program over any other exercise regimen. Official Disability Guidelines state that a home exercise kit is recommended. A specific home exercise program would locate 69% good outcomes versus 24% in the same exercise group, and 20% of patients in this specific exercise group subsequently chose to undergo surgery. The injured worker had been provided prior physical therapy and should be well versed in a home exercise program to address any deficits. Furthermore, it was not specified in the submitted request which extremity would be using the home exercise kit. As such, the request for a home exercise kit is not medically necessary.