

Case Number:	CM14-0142933		
Date Assigned:	09/12/2014	Date of Injury:	12/11/2013
Decision Date:	10/15/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	09/03/2014

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 Physical Medicine and Rehabilitation, 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 patient is a 31 year old male who sustained an industrial injury on 12/11/2013. According to the 7/24/2014 PR-2, the patient presents for follow up. Pain rated 3/10. He does not like the way the TENS unit feels, so has not been using it. He is not taking any medications, does not like to take meds. Examination documents intact gait and clean/dry/intact skin. Diagnosis is navicular fracture of foot and tenosynovitis of foot and/or ankle. Treatment plan is Tramadol prn up to 3 per day and Norco from [REDACTED], and TENS as tolerated. RTC in 1-2 weeks for repeat paraffin and US to right ankle/foot, and RTC in 3 weeks for HEP. He remains off work. According to the PR-2 dated 7/31/2014, the patient presents for paraffin of the right ankle. Pain is rated 2/10. Examination documents intact gait and clean/dry/intact skin. Diagnosis is navicular fracture of foot and tenosynovitis of foot and/or ankle. Paraffin treatment was without change in pain level. Return for treatment in one week. Will consider acupuncture order next visit. He remains off work.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-115..

Decision rationale: According to the CA MTUS guidelines, 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, if used as an adjunct to a program of evidence-based functional restoration, for the following conditions: neuropathic pain, phantom limb pain and CRPS II, multiple sclerosis, and spasticity. The medical records do not establish that the patient is participating in a functional restoration program as treatment of any of these above listed conditions. The medical records do not establish that the patient is an appropriate candidate for a TENS unit, as there is no evidence in the medical records that he has any of these conditions. Furthermore, the patient reports he does not like the feeling of using the TENS and is not using the device. The medical necessity for a TENS unit is not established in accordance with the guidelines.