

Case Number:	CM14-0146375		
Date Assigned:	09/12/2014	Date of Injury:	06/21/2013
Decision Date:	10/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/09/2014

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 Medicine and is licensed to practice in California. 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 59 years old female who sustained an injury to her right foot on 06/21/13 when a steel bar fell on her right foot. Records indicate that the injured worker has been treated conservatively with physical therapy and management with medications. The injured worker noted to have mild decreased mobility of the toes/ankle with continuing mild pain/tenderness. The progress note dated 08/26/14 reported that the injured worker has physical examination findings of tenderness on the dorsal aspect; ankle shows negative anterior drawer's sign; motor strength 5-/5 in the right foot/ankle. The injured worker was diagnosed with a right foot contusion with persistent pain. The injured worker was recommended reevaluation with qualified medical examination to be performed on 08/28/14, follow up with treating physician and return to the clinic in six weeks. The injured worker was recommended to return to modified duties with limitations/restrictions.

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 Transcutaneous Electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation), Chronic pain, Page(s): 114-16.

Decision rationale: The previous request was denied on the basis that request for stimulator purchase is neither reasonable nor necessary based on clinical data provided and literature reviewed. It is noted that CA MTUS does not recommend for use as an isolated treatment option, but only for an adjunct for certain types of chronic pain in conjunction with an ongoing directed rehabilitation program. Based on the available medicals there was an insufficient indication for the stimulator and the request is not deemed as medically appropriate. The CA MTUS states that while TENS may reflect the longstanding accepted standard of care within many medical communities, the results of studies are inconclusive; the 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. Several published based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Given this, the request for TENS unit is not medically necessary.