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| Case Number: | CM14-0219362 | | |
| Date Assigned: | 01/09/2015 | Date of Injury: | 04/01/2013 |
| Decision Date: | 03/26/2015 | UR Denial Date: | 12/11/2014 |
| Priority: | Standard | Application Received: | 12/31/2014 |

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. 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 25-year-old female who reportedly suffered a crush injury to the right foot on 04/01/2013. The current diagnosis is enthesopathy with tendinitis of the posterior tibial tendon. The latest physician progress report submitted for review is documented on 10/30/2014. The injured worker had been utilizing a walking boot. Upon examination, there was decreased tone in the right foot, negative Tinel's sign, and tenderness to palpation. Recommendations included an injection to the right ankle. There was no request for authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 65, Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: The California MTUS Guidelines do not recommend transcutaneous electrotherapy as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option. There should be evidence that other appropriate pain modalities have been tried and failed. In this case, there was no documentation of a failure of other appropriate pain modalities. There was also no documentation of a successful 1 month trial prior to the request for a unit purchase. Given the above, the request is not medically appropriate.