

Case Number:	CM15-0127883		
Date Assigned:	07/14/2015	Date of Injury:	07/12/2014
Decision Date:	08/10/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/01/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 38 year old male who sustained an industrial /work injury on 7/12/14. He reported an initial complaint of foot pain with crush injury. The injured worker was diagnosed as having joint pain in ankle and foot. Treatment to date includes medication, diagnostic testing, home exercise program. Currently, the injured worker complained of right heel pain rated 8/10 in severity. Per the primary physician's report (PR-2) on 4/14/15, exam noted an antalgic gait on the right, dysesthesia was noted to light touch in the right heel, minimal swelling and discoloration on the medial aspect of the right heel, dorsiflexion at 10 degrees with tight heel cord, strength at 4/5 in right ankle dorsiflexion and plantar flexion. Current plan of care included medication, physical therapy, and transcutaneous electrical nerve stimulation (TENS) unit trial. The requested treatments include 1 transcutaneous electrical nerve stimulation (TENS) unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 transcutaneous electrical nerve stimulation (TENS) unit purchase: 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
Transcutaneous Electrotherapy Page(s): 113-115.

Decision rationale: MTUS Guidelines are very specific regarding recommended use and trials of TENS units. This individual appears to meet the clinical criteria for a trial of a TENS unit, but Guidelines recommend a 30 day trial with rental and not purchase of a TENS unit during this trial period. Due to the low number of individuals who experience improvements with a TENS unit, a purchase is not initially recommended. There are no unusual circumstances to justify an exception to Guidelines. The 1 transcutaneous electrical nerve stimulation (TENS) unit purchase is not supported by Guidelines and is not medically necessary.