

Case Number:	CM15-0174420		
Date Assigned:	09/16/2015	Date of Injury:	08/18/2014
Decision Date:	10/19/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/04/2015

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:

This 32 year old man sustained an industrial injury on 8-18-2014. The mechanism of injury is not detailed. Diagnoses include closed right ankle fracture status post surgical repair. Treatment has included oral and topical medications and TENS unit for home use. The worker has reportedly stopped the home exercise program as he has lost the brochure. Physician notes on a PR-2 dated 8-19-2015 show complaints of right ankle pain rated 4 out of 10. The physical examination shows only an alert and oriented worker with clean, dry, and intact skin. Recommendations include continue current medications, substitute Naprosyn for Fenoprofen, LidoPro cream, continue TENS unit therapy with increased frequency, TENS unit patches, right ankle brace, cognitive behavior therapy, and follow up in one to two weeks. Utilization Review denied a request for an ankle brace citing there are not enough objective findings to warrant medical necessity. A request for TENS unit was denied. Medical Legal evaluator documented use of an ankle brace on an as needed basis. This individual has returned to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 8.19.15 Tens patch x 4 pairs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The MTUS Guidelines have very specific standards that are recommended to support the long term use of a TENS unit. These standards include documentation of how frequent the unit is utilized, how much pain relief is realized, how it impacts the need for other treatment and functional outcomes as a result of its use. None of the recommended standards are addressed and it remain unclear how beneficial the TENS unit continues to be. Under these circumstances, the continued use of a TENS unit via re-supply of the patches is not supported in Guidelines and the Retro DOS: 8.19.15 Tens patch x 4 pairs is/was not medically necessary.

Purchase, right ankle brace: Overturned

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

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Initial Care, Activity Alteration.

Decision rationale: MTUS Guidelines do not support the continues use and dependence on bracing for ankle injuries. However, it is documented that this individual utilizes a brace only on an as needed basis and he has resumed work functioning. Under these circumstances, the brace is consistent with Guidelines (intermittent use and supports functioning). The right ankle brace is medically necessary.