

Case Number:	CM15-0028725		
Date Assigned:	02/20/2015	Date of Injury:	03/10/2009
Decision Date:	04/01/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/17/2015

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: Texas, Illinois

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 35 year old female sustained a work related injury on 03/10/2009. According to a progress report dated 01/06/2015, the injured worker complained of bilateral ankle/foot pain. Numbness and tingling and limited range of motion was noted. Diagnoses included lumbar spine sprain/strain, left knee pain most likely from the patellofemoral compartment, right knee pain most likely from the patellofemoral compartment, left hip pain probably greater trochanteric bursitis, right hip pain probably greater trochanteric bursitis, left foot minimal degenerative change at the first metatarsophalangeal joint with slight joint space narrowing and small osteophyte formation per MRI 10/21/2013, left foot status post plantar release and fixation of exostosis and plantar fascia release with residuals, left plantar fasciitis, right foot plantar calcaneal spur with findings consistent with plantar fasciitis per MRI 08/03/2013, right plantar fasciitis. She was having difficulty managing her symptoms. The injured worker was utilizing a TENS unit during therapy and found it to be benefit. On 01/19/2015, Utilization Review non-certified IF TENS unit purchase quantity 1. According to the Utilization Review physician, there were no exceptional factors noted in the documentation submitted to consider this request as an outlier to the guidelines. CA MTUS ACOEM Practice Guidelines Chapter 14, pages 369-370 was referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF TENS unit purchase qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-370.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The injured worker sustained a work related injury on 03/10/2009. The medical records provided indicate the diagnosis of lumbar spine sprain/strain, left knee pain most likely from the patellofemoral compartment, right knee pain most likely from the patellofemoral compartment, left hip pain probably greater trochanteric bursitis, right hip pain probably greater trochanteric bursitis, left foot minimal degenerative change at the first metatarsophalangeal joint with slight joint space narrowing and small osteophyte formation per MRI 10/21/2013, left foot status post plantar release and fixation of exostosis and plantar fascia release with residuals, left plantar fasciitis, right foot plantar calcaneal spur with findings consistent with plantar fasciitis per MRI 08/03/2013, right plantar fasciitis. The medical records provided for review do not indicate a medical necessity for IF TENS unit purchase qty: 1.00. The MTUS does not recommend the use of TENS unit unless if used as an adjunct to an evidence based functional restoration program for treatment of Chronic regional pain syndrome, Neuropathic pain: phantom limb pain, and Spasticity. The records reviewed do not indicate the injured worker suffers from any of the listed medical problems specified by the MTUS, neither is there a documentation the TENS unit would be used as an adjunct to a functional restoration program.