

Case Number:	CM15-0063648		
Date Assigned:	04/09/2015	Date of Injury:	06/11/2013
Decision Date:	05/08/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/03/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 23 year old male, who sustained an industrial injury on 6/11/2013. He reported a crush injury to his left foot from his toes to his ankle. Diagnoses have included crush injury, neuropathy, neuropraxia, paresthasias, hyperesthesias and dysesthasias. Treatment to date has included x-rays, immobilization and medication. According to the progress report dated 2/25/2015, the injured worker complained of pain in his left foot and ankle. He continued to have allodynia along the dorsum of the foot and plantar foot. The injured worker was wearing his custom ankle foot orthotic (AFO). It was noted that symptoms appeared to be both neurogenic and mechanical from the crush injury. Physical exam revealed that the left lower extremity felt somewhat clammy and cooler than right lower extremity. There was pain to palpation throughout the tarsometatarsal articulation. The injured worker had generalized instability involving his anterior lateral ankle subtalar joint with sinus tarsitis, capsulitis and tenosynovitis. Authorization was requested for a transcutaneous electrical nerve stimulation (TENS) unit purchase with electrodes and batteries.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase w/ electrodes x 40, and batteries x 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Transcutaneous electrical nerve stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS Page(s): 114-116.

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, include 1. Documentation of pain of at least 3 months duration. 2. Evidence that other appropriate pain modalities have been tried and failed. 3. Documentation of other pain treatments during TENS trial. 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS. 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, there was insufficient evidence to show any trial of TENS at home before considering the purchase of a unit for ongoing use at home. In the opinion of the reviewer, the TENS unit is a reasonable option for treating chronic pain, even of the ankle/foot area as long as a successful trial is completed and documented in the notes for review. As for this request for purchase, however, the TENS unit will be considered medically unnecessary.