MAXIMUS Federal Services

Case Number:	CM15-0068946		
Date Assigned:	04/16/2015	Date of Injury:	09/17/2014
Decision Date:	05/15/2015	UR Denial Date:	04/04/2015
Priority:	Standard	Application Received:	04/11/2015

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: Emergency 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 80 year old man sustained an industrial injury on 9/17/2014. The mechanism of injury is not detailed. Evaluations include right ankle MRI dated 1/20/2015 and x-rays performed during this visit. Diagnoses include complete tear of anterior tibialis tendon. Treatment has included oral medications. Physician notes dated 3/24/2015 show complaints of right ankle pain. Recommendations include ankle brace, hot and cold wrap, TENS unit with conducive garment, corticosteroid injection, chiropractic treatment, Tramadol ER, Protonix, Naproxen, possible surgical intervention, electromyography studies of the right lower extremity, and follow up in five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS unit with garment: 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 TENS, chronic,(transcutanaeous electrical nerve stimulation), pages 114 - 116 Page(s): 114-116.

Decision rationale: The requested Purchase of TENS unit with garment is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutanaeous electrical nerve stimulation), pages 114-116, note Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The injured worker has right ankle pain. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, Purchase of TENS unit with garment is not medically necessary.