

Case Number:	CM15-0073404		
Date Assigned:	04/23/2015	Date of Injury:	08/20/2012
Decision Date:	06/08/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/17/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old male, who sustained an industrial injury on 8/20/2012. He reported an injury to his right foot after the ramp of a trailer fell onto his feet. Diagnoses have included ankle, foot pain in joint. Treatment to date has included transcutaneous electrical nerve stimulation (TENS), medication and a home exercise program. According to the progress report dated 3/16/2015, the injured worker complained of right foot pain rated 3/10. Objective findings revealed tenderness to palpation. The injured worker did not want a medication refill. He reported seeing an orthopedic specialist. Authorization was requested for a follow-up visit and continuation with transcutaneous electrical nerve stimulation (TENS) and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit in 2 months: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Ch:7 page 127.

Decision rationale: The patient was injured on 08/20/12 and presents with right foot pain. The request is for a FOLLOW UP VISIT IN 2 MONTHS. The utilization review letter did not provide a rationale. There is no RFA provided and the patient is to return to modified work duty on 03/16/15 with no walking/standing for more than 2 hours, no pushing/pulling more than 25 pounds, and no climbing stairs/ladders. ACOEM Practice Guidelines second edition (2004) page 127 states the following, "Occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." There is tenderness to palpation and the patient is diagnosed with ankle, foot pain in joint. The reason for the request is not provided. It appears that the treating physician is concerned about the patient's right foot pain. Given the patient's condition, the request for a follow-up appears reasonable. The requested follow-up visit IS medically necessary.

Continue with HEP, TENS treatment: 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 Criteria for the use of TENS Page(s): 116. Decision based on Non-MTUS Citation ODG guidelines, Pain (chronic) Chapter, Exercise.

Decision rationale: The patient was injured on 08/20/12 and presents with right foot pain. The request is for CONTINUE WITH HEP, TENS TREATMENT. The utilization review letter did not provide a rationale. There is no RFA provided and the patient is to return to modified work duty on 03/16/15 with no walking/standing for more than 2 hours, no pushing/pulling more than 25 pounds, and no climbing stairs/ladders. The patient has been using the TENS unit as early as 09/03/14. ODG guidelines, chapter 'Pain (chronic)' and topic 'Exercise', states that exercise regimens are "Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise." Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with the documentation of functional improvement, additional usage maybe indicated. There is tenderness to palpation and the patient is diagnosed with ankle, foot pain in joint. Treatment to date has included transcutaneous electrical nerve stimulation (TENS), medication and a home exercise program. The 09/03/14, 11/26/14, and 01/21/15 reports state that "TENS help with pain." There is no mention of how the patient is utilized the TENS unit, how often it was used, and what outcome measures are reported in terms of pain relief and function. The treater has not indicated a need for a TENS unit based on the MTUS criteria. There is no diagnosis of neuropathy, CRPS, or other conditions for which a TENS unit is indicated. Regarding HEP, ODG guidelines support exercise programs to strengthen and condition the affected body parts. However, HEP does not require a request from the treater as it does not involve any financial reimbursement. The patient can go ahead with the recommended exercises. This request IS NOT medically necessary.