

<b>Case Number:</b>	CM15-0075177		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	06/23/2014
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 50-year-old female who sustained an industrial injury on June 23, 2014. She has reported a sprain at the right foot and has been diagnosed with right ankle strain. Treatment has included medical imaging, physical therapy, bracing, medications, rest, injection, and surgery. She complains of medial and lateral symptoms, the medial deltoid and the lateral ligament respectively, 6 out of a scale of 10, sharp, burning, throbbing with pins and needles. The injured worker was most tender around the medial deltoid ligament and lateral deltoid consistent with the anterior talofibular ligament. There was instability with the inversion considered mild to moderate. There was no popping or clicking. No crepitus or subluxation. No spasm or cramping. Neurovascular status was grossly within normal limits. MRI revealed a deficient anterior talofibular ligament, sprained deep component of the deltoid ligament. The treatment request included a TENS unit (right ankle).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit (right ankle):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

**Decision rationale:** According to MTUS, in Shoulder Complaints chapter, " Physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high-quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapists available for referral". In addition and according to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. There is no recent documentation of recent flare of neuropathic pain. There is no strong evidence supporting the benefit of TENS for ankle disorders. Therefore, the prescription of TENS unit (right ankle) is not medically necessary.