

Case Number:	CM15-0077723		
Date Assigned:	04/29/2015	Date of Injury:	04/20/2010
Decision Date:	05/29/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/23/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 female who sustained an industrial injury on 04/20/2010. The injured worker was diagnosed with sprain ankle/foot; ankylosis and status post multiple surgical procedures. Treatment to date includes diagnostic testing, surgery, acupuncture therapy, physical therapy, gym membership, micro transcutaneous electrical nerve stimulation (TEN's) unit and a transcutaneous electrical nerve stimulation (TEN's), functional restoration program(FRP)and medications. The injured worker is status post right foot/ankle surgery in January 2011, December 2011, March 2013 and hardware removal in December 2013. According to the primary treating physician's progress report on April 3, 2015, the injured worker continues to have right foot pain and stiffness. Examination of the right ankle/foot demonstrated tenderness to palpation and limited range of motion. Current medications are listed as Ibuprofen, Norco, Naproxen, Cyclobenzaprine and Phenergan. Treatment plan consists of continuing with stretching and home exercise program and the current request for transcutaneous electrical nerve stimulation (TEN's) unit purchase for home use for right foot and right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase for home use for right foot and right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, TENS chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: MTUS states regarding TENS unit, "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, for the conditions described below." For pain, MTUS and ODG recommend TENS (with caveats) for neuropathic pain, phantom limb pain and CRPSII, spasticity, and multiple sclerosis. The medical records do not indicate any of the previous conditions. ODG further outlines recommendations for specific body parts: Low back: Not recommended as an isolated intervention. Knee: Recommended as an option for osteoarthritis as adjunct treatment to a therapeutic exercise program. Neck: Not recommended as a primary treatment modality for use in whiplash-associated disorders, acute mechanical neck disease or chronic neck disorders with radicular findings. Ankle and foot: Not recommended. Elbow: Not recommended. Forearm, Wrist and Hand: Not recommended. Shoulder: Recommended for post-stroke rehabilitation. Medical records do not indicate conditions of the low back, knee, neck, ankle, elbow, or shoulders that meet guidelines. Of note, medical records do not indicate knee osteoarthritis. The indication for is ankle and foot which are not recommended. As such, the request for TENS unit purchase for home use for right foot and right ankle is not medically necessary.