

<b>Case Number:</b>	CM15-0091869		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	05/03/2012
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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 45 year old male with an industrial injury dated 5/03/2012. The injured worker's diagnoses include osteochondral defect of ankle, left ankle sprain, sinus tarsi syndrome and chronic pain. Treatment consisted of ankle brace, paraffin wax, home exercise therapy and periodic follow up visits. In a progress note dated 4/02/2015, the injured worker reported intermittent left ankle pain rated a 5/10 with occasional swelling of the joint in cold weather. Objective findings revealed antalgic gait, decrease left ankle range of motion and diffuse tenderness to palpitation in left ankle. The treating physician prescribed durable medical equipment (TENS patch x2) now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment (TENS patch x 2): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

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

**Decision rationale:** 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. Furthermore, there is no clear information about a positive one month trial of TENS. Therefore, the request for TENS patch x 2 is not medically necessary.