

Case Number:	CM14-0130709		
Date Assigned:	08/20/2014	Date of Injury:	01/06/2011
Decision Date:	11/18/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 63-year-old male who has submitted a claim for right ankle sprain/ strain associated with an industrial injury date of 01/06/2011. Medical records from 2014 were reviewed, which showed that the patient complained of right ankle pain, stiffness, and weakness associated with standing and walking, 7/10, accompanied by loss of sleep due to pain. Physical examination revealed tenderness to palpation of the right heel and plantar fascia, with full range of motion. Treatment to date has included medications and orthotics. Utilization review from 07/15/2014 denied the request for Retrospective One month TENS (transcutaneous nerve stimulation) / EMS (electrical muscle stimulation) rental and supplies on 5/20/13 since the submitted documentation was not sufficient to support the request. The request for retrospective TENS (transcutaneous electrical nerve stimulator) / EMS (electrical muscle stimulator) extended rental for additional 12 months and supplies was likewise denied since the one month rental was already denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective One month TENS(Transcutenous Nerve Stimulation) / EMS (Electrical Muscle Stimulation) Rental And Supplies On 5/20/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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

Decision rationale: As stated on page 114-116 of the California MTUS Chronic Pain Medical Treatment guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It should be used as an adjunct to a program of evidence-based functional restoration. Criteria for the use of TENS unit include chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. Page 114 of CA MTUS Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. In this case, the patient's date of injury was 01/06/2011. Medical records provided for review showed that patient complained of persistent right ankle pain despite orthotics and medications; hence, TENS/ES therapy is a reasonable treatment option. However, the present request as submitted failed to specify body part to be treated, as well as quantity of supplies to be dispensed. The request is incomplete; therefore, the request for Retrospective One month TENS (Transcutaneous Nerve Stimulation) / EMS (electrical muscle stimulation) rental and supplies on 5/20/13 is not medically necessary.

Retrospective TENS (transcutaneous electrical nerve stimulator) / EMS (electrical muscle stimulator) extended rental for additional 12 months: 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 Transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

Decision rationale: The related request for Retrospective One month TENS (transcutaneous nerve stimulation) / EMS (electrical muscle stimulation) rental and supplies on 5/20/13 has been deemed not medically necessary; therefore the request for retrospective TENS (transcutaneous electrical nerve stimulator) / EMS (electrical muscle stimulator) extended rental for additional 12 months and supplies, is likewise not medically necessary.