

Case Number:	CM14-0134675		
Date Assigned:	08/27/2014	Date of Injury:	04/22/2014
Decision Date:	11/17/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/21/2014

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 Occupational Medicine 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 injured worker is a 38 year old female who sustained work-related injuries on April 22, 2014. She fell as her right foot became entangled with the cord of a vacuum. On May 9, 2014, the injured worker complained of right ankle and buttock pain. Objectively, physiologic gait and tenderness over the lateral malleolus was noted. X-rays of the sacrum and lumbar spine were negative. On June 18, 2014, she underwent x-rays of the right ankle, sacrum/coccyx, and the lumbosacral spine. These x-rays revealed normal findings. She was seen for a psychological evaluation on July 16, 2014. She complained of emotional-related problems and physical problems related to her April 22, 2014 accident. Per the July 22, 2014 records, the injured worker returned to her provider for a follow-up with regard to her lumbosacral spine, right ankle, headaches, depression, and anxiety. She has been attending chiropractic treatment which does help and made her sleep better. However, she still has continued low back pain rated at a 6-8/10. Objectively, the lumbar spine examination noted tenderness and spasm over the bilateral paralumbar musculature as well as the bilateral sciatic notch. Muscle guarding was noted with limited range of motion. The Kemp's test was positive bilaterally. Right foot tenderness was noted on the lateral aspect with limited range of motion and her strength was 4/5. She is diagnosed with chronic bilateral foot/ankle sprain and strain, facet syndrome, and tail bone injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for Right Ankle, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Chronic Pain Medical Treatment Guidelines: Transcutaneous Electrot.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous Electrotherapy Page(s): 114.

Decision rationale: According to the evidence-based guidelines, this treatment modality is not recommended as a primary treatment modality. A one month home based transcutaneous electrical nerve stimulation trial may be considered as a noninvasive conservative option, if used as an adjunct to an evidence-based functional restoration program. In this case, there is no evidence that a trial of a transcutaneous electrical nerve stimulation unit has been tried. If there is a trial, there were no documented results provided in the records. Based on the absence of the requisites prior to a transcutaneous electrical nerve stimulation purchase, the medical necessity of the requested transcutaneous electrical nerve stimulation unit for the right ankle (purchase) is not established.