

Case Number:	CM14-0141876		
Date Assigned:	09/10/2014	Date of Injury:	09/12/2013
Decision Date:	10/23/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	09/02/2014

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 injured worker is a 49-year-old male who reported an injury on 09/12/2013. The mechanism of injury was not provided. The injured worker has diagnoses of left ankle osteochondral defect, left foot heel spur, and ankle and foot sprain of the left foot. Diagnostic testing included MRI of the left ankle on 05/22/2014, EMG/NCS on 05/22/2014, and x-rays of the foot and ankle on 02/24/2014. Past medical treatment included physical therapy, medications, and surgery. The injured worker complained of pain to the left ankle on 07/22/2014. The injured worker stated increased pain when prolonged walking/standing. The physical examination of the left ankle revealed plantarflexion 40 degrees and dorsiflexion of 10 degrees. Medications were not provided. The treatment plan is for Dual Prime TENS/EMS Unit 1 month trial and 2 months supplies. The rationale for the request was not submitted. The Request for Authorization form was submitted on 05/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dual Prime TENS/EMS Unit 1 month trial and 2 months supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116 & 121..

Decision rationale: The request for TENS/EMS is not medically necessary. The injured worker underwent arthroscopic repair of left ankle in 10/2012. The injured worker complained of continued pain to left ankle. The California MTUS guidelines note the use of TENS is not recommended as a primary treatment modality. 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 patients with neuropathic pain, CRPS II, CRPS I, spasticity, and/or multiple sclerosis. Prior to a one month trial the guidelines recommend there must be documentation of pain of at least three months duration and there should be evidence that other appropriate pain modalities have been tried (including medication) and failed. The guidelines state neuromuscular electrical stimulation devices are not recommended. Neuromuscular electrical stimulation devices are used primarily as part of a rehabilitation program following stroke and there is no evidence to support the use of this device in chronic pain. The injured worker underwent left ankle arthroscopy 10/2012. The injured worker has participated in physical therapy. There is no documentation of evidence that other appropriate pain modalities have been tried (including medication) and have failed. There is a lack of documentation demonstrating the injured worker underwent a one month trial with documentation demonstrating the efficacy of the unit as well as the frequency at which the unit was used. There is no indication that the unit is being requested as part of a rehabilitation program following a stroke. Therefore the request for TENS/EMS is not medically necessary.