

Case Number:	CM14-0141688		
Date Assigned:	09/10/2014	Date of Injury:	11/21/2013
Decision Date:	10/17/2014	UR Denial Date:	08/27/2014
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 Family 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 58 year old male whose date of injury is 11/21/13. The mechanism of injury is noted as cumulative trauma injury to the right hand. The injured worker is status post right third, fourth, and fifth digit A1 pulley excisions and carpal tunnel release on 05/21/14. A clinical note dated 05/27/14 reveals complaints of continuing to have digital stiffness, no evidence of infection. A clinical note dated 08/07/14 indicates that he continues to complain of tenderness at the carpal tunnel incision and stiffness in the digits. On physical examination he has well healed incisions, able to make a full fist, flexion contracture at the right fifth digit proximal interphalangeal joint, tender at the carpal tunnel incision but is neurologically intact distally, and no locking or triggering.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: Based on the clinical information provided, the request for home transcutaneous electrical nerve stimulation (TENS) unit is not recommended as medically necessary. There is no indication that the injured worker has undergone a successful trial of TENS to establish efficacy of treatment as required by California Medical Treatment Utilization Schedule (MTUS) guidelines. There is no current, detailed physical examination submitted for review and no specific, time limited treatment goals were provided in accordance with CA MTUS guidelines. Therefore, medical necessity of the request is not established.