

Case Number:	CM14-0148561		
Date Assigned:	09/18/2014	Date of Injury:	03/16/2014
Decision Date:	10/21/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/12/2014

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 Internal Medicine and is licensed to practice in California and Illinois. 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 52-year-old female who reported injury on 03/26/2014. The mechanism of injury was the injured worker suffered a crush injury from a door closing. Prior treatments include medication, occupational therapy and physical therapy. The injured worker's medications included Cymbalta, Voltaren and Norco. The surgical history was noncontributory. The injured worker underwent an x-ray of the right index finger on 07/02/2014 which revealed the injured worker had a very small avulsion that continued to be present with some mild arthritic changes of the DIP joint. Otherwise, there was no clinical or trabecular abnormalities seen. The AP lateral and oblique views of the thumb demonstrate evidence of some carpal/metacarpal joint arthritis at a stage 3 level. There was minimal subluxation. The documentation of 08/06/2014 revealed the injured worker indicated she had pain in the index finger and swelling. The physical examination revealed the injured worker had 30 degrees of motion at her index finger DIP joint and without distraction did not appear to have significant discomfort. The injured worker had evidence of a trigger thumb and tenderness directly on the flexor tendon sheath of the thumb. The injured worker had a positive carpal compression test. There was no discomfort throughout the carpal/metacarpal joint. The swelling and skin changes that were present previously were noted to have improved. The diagnoses included improving right hand function following crush injury. The treatment plan included the injured worker would complete therapy. The physician opined there may be an underlying compression neuropathy in the median nerve and there may be further treatment necessary. There was a Request for Authorization for a TENS unit on 08/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Quantity Requested: 1.00: Upheld

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

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

Decision rationale: The California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of other modalities including medication. The request as submitted failed to indicate the duration of use. The clinical documentation indicated the request was for lifetime use. There was a lack of documentation indicating the injured worker had a 1 month of trial of a TENS unit and was utilizing it as an adjunct to a program of evidence based functional restoration. The request as submitted failed to indicate whether the unit was for rental or purchase. Given the above, the request for TENS Unit is not medically necessary.

Leads Quantity Requested: 4.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Integrated Treatment/Disability Duration Guidelines Knee & Leg (Actue & Chronic) Updated 12/28/2012

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.