

Case Number:	CM13-0015784		
Date Assigned:	03/12/2014	Date of Injury:	05/09/2013
Decision Date:	10/08/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/23/2013

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:

This 35 year-old patient sustained a hand injury on 5/9/13 from a lathe penetration while employed by [REDACTED]. The patient debridement and irrigation procedure on same day and placed in short arm splint. Request(s) under consideration include INITIAL FUNCTIONAL CAPACITY EXAM and TENS UNIT WITH SUPPLIES FOR RIGHT HAND PAIN. Report of 6/19/13 from the provider noted the patient with continuous right hand and finger pain with associated numbness, tingling, weakness and loss of grip. Exam showed decreased right shoulder range flex/ext/abd of 160/50/180 degrees; positive impingement and apprehension sign; pain in volar and palmar aspect of right hand that radiates to forearm; hand/wrist with well-healed scar; pain involving second and third digits of right hand; right grip strength of 5-10 kg. Diagnoses include right hand arthropathy and right shoulder impingement syndrome. Treatment included MRI of shoulder, nerve studies, TENS, exercise kit, and FCE. The patient remained TTD since injury date to August 2013. The request(s) for INITIAL FUNCTIONAL CAPACITY EXAM and TENS UNIT WITH SUPPLIES FOR RIGHT HAND PAIN were non-certified on 8/5/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL FUNCTIONAL CAPACITY EXAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138

Decision rationale: This 35 year-old patient sustained a hand injury on 5/9/13 from a lathe penetration while employed by [REDACTED]. The patient debridement and irrigation procedure on same day and placed in short arm splint. Request(s) under consideration include Initial Functional Capacity Exam and Tens Unit with Supplies for Right Hand Pain. Report of 6/19/13 from the provider noted the patient with continuous right hand and finger pain with associated numbness, tingling, weakness and loss of grip. Exam showed decreased right shoulder range flex/ext/abd of 160/50/180 degrees; positive impingement and apprehension sign; pain in volar and palmar aspect of right hand that radiates to forearm; hand/wrist with well-healed scar; pain involving second and third digits of right hand; right grip strength of 5-10 kg. Diagnoses include right hand arthropathy and right shoulder impingement syndrome. Treatment included MRI of shoulder, nerve studies, TENS, exercise kit, and FCE. The patient remained TTD since injury date to August 20130. The request(s) for Initial Functional Capacity Exam and Tens Unit with Supplies for Right Hand Pain were non-certified on 8/5/13. Per the patient's provider, the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is disabled, without return to any form of modified work trial. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Initial Functional Capacity Exam is not medically necessary and appropriate.

TENS UNIT WITH SUPPLIES FOR RIGHT HAND PAIN: 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, TENS for chronic pain Page(s): 114-117.

Decision rationale: This 35 year-old patient sustained a hand injury on 5/9/13 from a lathe penetration while employed by [REDACTED]. The patient debridement and irrigation procedure on same day and placed in short arm splint. Request(s) under consideration include Initial Functional Capacity Exam and Tens Unit with Supplies for Right Hand Pain. Report of 6/19/13 from the provider noted the patient with continuous right hand and finger pain with associated numbness, tingling, weakness and loss of grip. Exam showed decreased right shoulder range flex/ext/abd of 160/50/180 degrees; positive impingement and apprehension sign; pain in volar and palmar aspect of right hand that radiates to forearm; hand/wrist with well-

healed scar; pain involving second and third digits of right hand; right grip strength of 5-10 kg. Diagnoses include right hand arthropathy and right shoulder impingement syndrome. Treatment included MRI of shoulder, nerve studies, TENS, exercise kit, and FCE. The patient remained TTD since injury date to August 2013. The request(s) for Initial Functional Capacity Exam and Tens Unit with Supplies for Right Hand Pain were non-certified on 8/5/13. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic opiate analgesics and other medication, physical therapy, epidural steroid injection, activity modifications/rest, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, functional improvement from trial treatment, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from any conservative treatment already rendered. The Tens Unit with Supplies for Right Hand Pain is not medically necessary and appropriate.