

Case Number:	CM13-0022695		
Date Assigned:	11/13/2013	Date of Injury:	04/01/2013
Decision Date:	02/06/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, 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 physician 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 patient is a 48-year-old male who reported a work-related injury on 04/01/2013 as a result of a laceration/contusion to the right index finger. The patient subsequently is status post removal of foreign body and repair of the radial digital nerve of the right index finger as of 04/09/2013. The clinical note dated 08/15/2013 reports the patient was recommended to utilize a TENS unit in addition to occupational therapy. However, the clinical note dated 10/04/2013 reports the patient had not shown up for the last 2 scheduled doctor's appointments. The provider documents the patient was discharged to full duty, permanent and stationary, without disability. No followup was scheduled and no future medical was recommended. The provider documented an assumption of the patient's condition had resolved completely or improved sufficiently.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for TENS unit dual 4 electrodes, 4 modes Conductive Glove: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review lacks evidence of significant objective findings of continued symptomatology to support the requested durable medical equipment at this point in the patient's treatment. The most recent clinical documentation submitted evidences the patient was no longer seeking treatment and had been discharged from care. Additionally, the California MTUS indicates a 1 month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional approach with documentation of how often the unit was utilized as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. The clinical notes failed to evidence documentation of the patient's reports of efficacy with utilization of a trial of a TENS unit or the patients current objective functional deficits to support this intervention at this point in the patients treatment. Given all the above, the request for TENS unit dual 4 electrodes, 4 modes Conductive Glove is neither medically necessary nor appropriate.