

Case Number:	CM13-0037457		
Date Assigned:	12/13/2013	Date of Injury:	03/31/2013
Decision Date:	04/14/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/23/2013

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 Occupational 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 patient is a 50-year-old female who was injured on 03/31/2013 while a heavy automatic door was shutting and it hit her finger cutting it and fracturing the fifth digit on the right hand. Prior treatment history has included PT, exercise, chiropractic, TENS, TPI, wrapping and bracing, nerve block and occupational therapy. Medications: Norflex and Terocin patches. Diagnostic studies reviewed include urine toxicology review dated 11/11/2013 and was resulted as consistent with the patient's prescribed medications. Physical therapy progress notes dated 06/18/2013, 06/25/2013 and 06/27/2013 remain unchanged in relation to the range of motion with the following: range of motion of the right hand with MCP flexion to 40, PIP flexion 52, DIP flexion 30. Physical therapy note dated 07/16/2013 reveals an improved range of motion showing: MCP flexion 70 degrees, PIP flexion 100 degrees, and DIP flexion 90 degrees. Progress note dated 09/10/2013 documents the patient with complaints of pain from 5th finger up to right shoulder. Objective findings on examination reveals right 5th digit with mild swelling and redness. No warmth and tender to palpation. DIP is stuck slightly in a flexed position. Range of motion is 0, PIP 5 degrees ROM, MCP joint with normal ROM. Right grip strength 4/5, left 5/5. Arm strength 5/5 bilaterally. PR-2 dated 09/24/2013 document the patient stating that the medication and TENS unit are helping in reduce her pain from 9/10 to 6-7/10. The Norflex is not helping and the Terocin patches are too adhesive for her. Objective findings on examination include right fifth digit with mild swelling. No warmth and tender to palpation. No signs of infection. DIP is stuck in slightly flexed position. ROM is 0, PIP 5 degrees ROM, MCP joint with normal ROM. Right grip strength 4/5, left grip strength 5/5. Bilateral wrist, elbow and shoulder ROM within normal limits. Arm strength is 5/5 bilaterally. Right antecubital fossa and anterior right shoulder mildly tender to palpation, no deformity, swelling or redness. There is a well healed 2 cm linear scar on right 5th finger. Extremities show no clubbing, cyanosis or

edema, distal pulses intact. Cap refill is brisk. PR-2 dated 10/08/2013 documents objective findings on exam include right fifth digit with mild swelling. No warmth and tender to palpation. No signs of infection. DIP is stuck in slightly flexed position. ROM is 0, PIP 5 degrees ROM, MCP joint with normal ROM. Right grip strength 4/5, left grip strength 5/5. Bilateral wrist, elbow and shoulder ROM within normal limits. Arm strength is 5/5 bilaterally. Right antecubital fossa and anterior right shoulder mildly tender to palpation, no deformity, swelling or redness. There is a well healed 2 cm linear scar on right 5th finger. Extremities show no clubbing, cyanosis or edema, distal pulses intact. Cap refill is brisk. DTRs within normal limits. Hyperalgesia right 5th finger. Diagnoses: 1. Comminuted right 5th middle phalanx fracture, healing. 2. Finger pain right 5th finger. 3. Myofascial pain syndrome. 4. Finger laceration well healed. Review Letter dated 10/18/2013 from CID Management states that in review 392557 six acupuncture treatments were recommended certified, the period for which expire 10/31/2013. Letter dated 11/08/2013 from CID Management recommend prospective requests for 1 continue TENS between 10/22/2013 and 12/14/2013 be noncertified. Recommend prospective request for 5\6 acupuncture visits between 10/22/2013 and 12/14/2013 be conditionally noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF ACUPUNCTURE: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This is a request for 6 sessions of acupuncture. However, 6 sessions were already authorized and not yet completed. Additional acupuncture authorization should be dependent on demonstrated functional improvement derived from the initial 6 sessions. Therefore, additional acupuncture is non-certified.

1 REQUEST TO CONTINUE TENS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION..

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

Decision rationale: This is a request for continued TENS use. However, the patient does not have chronic, intractable pain due to a diagnosis for which TENS is typically recommended. She has not failed other conservative measures as improvement has been noted with physical therapy, medications, and acupuncture. Therefore, continued use of TENS is non-certified.

