MAXIMUS Federal Services

Case Number:	CM13-0047294		
Date Assigned:	12/27/2013	Date of Injury:	04/06/2011
Decision Date:	05/06/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/01/2013

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 Family Medicine and is licensed to practice in Arizona. 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 43-year-old male who injured his left hand at work on 04/06/2011. Subjective complaints revealed that the patient had constant pain in the left-hand rated at 2/10, which became a shooting pain in the left thumb rated 6/10 at times. There was no numbness or tingling, but there was hypersensitivity in the tip of the left thumb. The patient complained of extremity strength loss and loss of left thumb mobility. He also had popping in the left index finger while bending it, along with increased discomfort with activities of daily living. The only medication he was taking was albuterol for adult onset asthma. Physical exam findings included diminished size of the left thumb compared to the right with a loss of 6 mm of soft tissue at the distal end of the left thumb. There was hyper-laxity of the medial metacarpophalangeal joint. There was a positive Tinel's test at the cubital tunnel on the left, as well as a positive compression sign on the left elbow. There was popping at the proximal interphalangeal joint of the left index finger. Range of motion measurements for wrist, hand and fingers is fully recorded in the medical records. X-ray evaluation revealed a healing fracture of the distal tuft of the left thumb and a spur at the very tip of the distal phalanx in the ulnar direction. The patient was not taking any medication for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

One computerized ROM testing between 8/14/2013 and 8/14/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 257.

Decision rationale: The Expert Reviewer's decision rationale: ACOEM guidelines state that the forearm, wrist, and hand can be examined together for observation of any swelling, masses, redness, deformity, or other abnormality. This examination may be followed by evaluating active and passive range of motion. For this patient, detailed range of motion findings were detailed in the office notes. A thorough search of the medical utilization guidelines failed to reveal any scientific evidence to support the requested computerized assessment of range of motion as a separate procedure from an office visit/follow-up. Therefore, the medical necessity of computerized range of motion testing is not established.

One TENS unit ([redacted]) between 8/14/2013 and 1/7/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009)..

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

Decision rationale: The Expert Reviewer's decision rationale: CA MTUS guidelines for transcutaneous electric nerve stimulation (TENS) use include chronic pain longer than 3 months, evidence that conservative methods and medications have failed, and a one month trial of TENS use with appropriate documentation of pain relief and function. For this patient, the request is for ongoing use of a TENS unit. The medical record does not identify a one month trial of this treatment modality. The ODG does not recommend transcutaneous electrical neurostimulation (TENS) units as they have no scientifically proven efficacy in the treatment of acute hand, wrist, or forearm symptoms. Therefore, the medical necessity for a TENS unit is not established.

One Urine Drug Screening collection and review between 8/14/2013 and 8/14/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Expert Reviewer's decision rationale: CA MTUS supports using drug screening to test for illegal drugs and compliance with medication regimens. ODG recommends use of urine drug screening as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. For "low risk" patients of addiction/aberrant behavior, testing should be done within six months of initiation of therapy and on a yearly basis thereafter. This patient is not documented to have aberrant behavior

and the patient is not taking opioids. Furthermore, documentation does not mention that the patient is a candidate for opioid treatment. Therefore, the medical necessity of a urine drug screen is not established.