

Case Number:	CM14-0013209		
Date Assigned:	02/24/2014	Date of Injury:	12/01/2006
Decision Date:	07/24/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/03/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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 is a 32-year-old male with a 12/1/2006 date of injury, when he slipped on a wheel of a broken chair and fell back landing on a tile concrete. A 1/13/14 determination was modified. A certification was rendered for a psychiatry evaluation, and non-certification was rendered for a TENS unit and a hand specialist evaluation. Reasons for non-certification included no multiple sclerosis, complex regional pain syndrome, or neuropathic pain for a TENS unit. For the hand specialist evaluation, there was no documented exam of the wrist. 12/4/13 medical report identified that the patient was having migraines. He was in a MVA fender bender and was having pain in the back and weakness of the legs. Had a fall in the shower and was also having problems with the left wrist. There were reported problems with upper and low back on the right side. Exam revealed tenderness over the suboccipital and temple area. There is tender temporomandibular joint area. Left wrist with tenderness region or prior ganglion cyst removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For The Use Of TENS Page(s): 116.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. The patient has a date of injury of 2006, where most likely several conservative treatment have been tried and failed. However, the most recent medical records did not document any recent physical modalities performed, or other conservative treatment in addition to medication. In addition there was no treatment plan provided including the specific short- and long-term goals of treatment with the TENS unit. Therefore, the request is not medically necessary.

HAND SPECIALIST EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: While the patient has wrist complaints and tenderness, the medical record does not clearly provide a rationale for the need of a hand specialist. It is unknown in the patient has had recent treatment for the wrist complaints without improvement, or what is the expected result from such evaluation. CA MTUS states that hand surgery consultation may be indicated for patients who have red flags of a serious nature; fail to respond to conservative management; have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. The medical record did not clearly substantiate the need for a hand specialty evaluation. Therefore, the request is not medically necessary.