

Case Number:	CM14-0019198		
Date Assigned:	04/21/2014	Date of Injury:	10/07/2013
Decision Date:	07/02/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/14/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 50 year old female who reported an injury on 10/07/2013. The mechanism of injury was unclear in the documentation provided for review. The clinical note dated 02/10/2014 reported the injured worker denied tingling in fingers, but did have difficulty with brushing and doing dishes. The clinical documentation provided notes the injured worker had underwent 12 of 18 occupational therapy sessions. The physical exam revealed the right wrist and third finger had active triggering of the third finger. Tenderness to palpation is present over the carpal tunnel and triangular fibrocartilage. The provider noted a ganglion cyst at the third metacarpophalangeal joint, the injured worker is unable to make a full fist. There was also a positive Finkelstein's test, Phalen's test, tinel's sign were both negative. The injured worker had diagnoses of right wrist sprain/flexor tendinitis, De Quervain's Tenosynovitis, Ganglion cyst with right middle trigger finger. The provider requested the purchase of a TENS unit for home use. The request for authorization was not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF TENS UNIT FOR HOME USE QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The injured worker denied tingling in fingers, but did have difficulty with brushing and doing dishes. The clinical documentation provided notes the injured worker had underwent 12 of 18 occupational therapy sessions. The MTUS Chronic Pain Guidelines do not recommend TENS as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. The MTUS Chronic Pain Guidelines also note there must be documentation of pain of at least 3 months in duration, and documentation that appropriate pain modalities have been tried and failed including medication. A one month trial of the TENS unit should be documented with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. The documentation submitted for review does not reveal evidence of a successful one month trial to warrant purchase at this time. Therefore, the request is not medically necessary and appropriate.