MAXIMUS Federal Services

Case Number:	CM14-0122289		
Date Assigned:	08/06/2014	Date of Injury:	06/28/2013
Decision Date:	09/11/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/01/2014

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 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:

Patient is a 46 year-old male with date on injury 06/28/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/07/2014, lists subjective complaints as bilateral hand pain which radiates into the neck and shoulders. Patient describes the pain as constant and moderate to severe. Patient had an X-ray of the left hand which revealed interphalangeal osteoarthritis of the thumb, possibly secondary to prior trauma. Objective findings: Examination of the bilateral wrists revealed slight edema of both hands, locking of the index fingers and non-specific tenderness over both wrists and both thumbs. There was +2 tenderness to palpation at A1 pulley of the index fingers bilaterally as well as decreased range of motion. Sensation was intact. Diagnosis: 1. Bilateral Metacarpophalangeal (MCP) joint osteoarthritis 2. Bilateral synovial joint. There was no documented TENS trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostimulator TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-21.

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

Decision rationale: According to the MTUS, a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with 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 period. In addition, other ongoing pain treatment should also be documented during the trial period including medication usage and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The medical record lacks any of the above criteria. As such the TENS unit is not medically necessary.