MAXIMUS Federal Services

Case Number:	CM14-0130714		
Date Assigned:	08/20/2014	Date of Injury:	10/26/2009
Decision Date:	09/24/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/15/2014

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, 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:

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 male who reported a work related injury on 10/26/2009 due to a machine malfunctioning and slamming his left hand and dislocating his left middle finger and injuring his left little finger as well as other fingers. Past treatments have included medication and a TENS unit. Diagnostics have included urine drug screen. Upon examination on 05/08/2014 subjective complaints included constant left middle finger and ring finger pain with radiating left upper extremity pain with left shoulder pain. The physical examination revealed deformity of the left middle finger at the interphalangeal joint. The injured worker rated the pain 5 to 7 out of 10 on a VAS pain scale. Medications included 7.5 mg of Flexeril, 50 mg of Ultram, 20 mg of Prilosec, and 550 mg of Anaprox. The treatment plan was to use a TENS unit to improve pain. The request for authorization was signed on 07/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENs Unit RFA DOS: 7/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENs, Chronic Pain Page(s): 114, 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The request for TENS Unit RFA DOS: 7/30/14 is not medically necessary. The California MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Criteria for the purchase of a TENS unit includes documentation of pain of at least three months duration, evidence documented of other appropriate pain modalities that have been tried and failed including medication, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. Although within the documentation it was noted that the injured worker found use of a TENS unit beneficial, there was no quantifiable data showing adequate pain relief or evidence of functional improvement with use. Additionally details were not provided showing goals of treatment and how the unit was to be used. As such, the request for a TENS Unit RFA DOS 7/30/14 is not medically necessary.