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| Case Number: | CM14-0172630 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 04/19/2007 |
| Decision Date: | 11/25/2014 | UR Denial Date: | 09/18/2014 |
| Priority: | Standard | Application Received: | 10/20/2014 |

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 Interventional Spine 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 patient is a 51 years old male with an injury date on 04/19/1997. Based on the 08/02/2014 hand written progress report provided by [REDACTED], the diagnosis is S/P explosion injury right hand. According to this report, the patient complains of "unchanged, remain symptomatic" right hand pain. Physical exam reveals decreased sensation over right thumb. The 05/29/2014 report indicates medications are helpful. Physical exam reveals "decrease sensation over hypothenar eminence right hand, normal emg test, had carpal tunnel on right hand. There were no other significant findings noted on this report. The utilization review denied the request on 0-9/18/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/29/2014 to 08/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit supplies, right wrist/hand: Upheld

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

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

Decision rationale: According to the 08/02/2014 report by [REDACTED] this patient presents with "unchanged, remain sympatric" right hand pain. The treater is requesting TENS unit supplies, right wrist/hand. Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. Review of the reports show that the patient does present with neuropathic pain, but the treater does not discuss how TENS unit is used and with what efficacy. MTUS guidelines require that the treater provide documentation of pain and functional benefit with use of these treatments. Given the lack of any discussion regarding how TENS unit has been beneficial, the request is not medically necessary at this time.