MAXIMUS Federal Services

Case Number:	CM14-0035822		
Date Assigned:	06/23/2014	Date of Injury:	09/09/2013
Decision Date:	07/25/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/24/2014

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 and is licensed to practice in Nevada. 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 52-year-old male who was reportedly injured on September 9, 2013. The mechanism of injury was noted as a crush injury to the tip of the left long (4th) finger. The most recent progress note, dated January 28, 2014, indicated that there were ongoing complaints of hand pain. The physical examination demonstrated a 5 foot, 130 pound individual to be normotensive. Grip strength testing was noted to be 5 pounds throughout. It was reported that the injured employee was able to make a fist with the involved upper extremity. However, wrist range of motion was noted to be full. Diagnostic imaging studies were not referenced in this report. Electrodiagnostic studies were obtained, and there was no evidence of neuropathy). A request had been made for neuromuscular stimulator transcutaneous electrical nerve stimulator (TENS) and was not certified in the pre-authorization process on March 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month home-based trial of Neurostimulator TENS - EMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

Decision rationale: When noting the date of injury, the mechanism of injury, the actual injury sustained and the fact that there was no evidence of a neuropathy noted on electrodiagnostic testing, the use of electrical stimulation was not clinically indicated. As outlined in the California Medical Treatment Utilization Schedule, this is not to be a primary treatment modality. As such, this is not medically necessary.