

<b>Case Number:</b>	CM14-0075601		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/12/2011
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Orthopedic Surgery 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:

This is a 31-year-old male with a date of injury of 7/12/11. The mechanism of injury occurred when the patient fell and injured his left index finger. On 5/6/14, he complained of weakness in the left hand and swelling. He has difficulty gripping and grasping (barely legible hand written notes). He was prescribed Norco and Ibuprofen. On exam, the left hand has general swelling and tenderness. The diagnostic impression is s/p hyperextension left index finger and stenosing tenosynovitis A-1 pulley left index finger, and s/p left index finger A1 pulley release 11/6/13. Treatment to date: surgery 11/6/13, Occupational Hand Therapy, medication management. A UR decision dated 5/14/14 denied the request for Transcutaneous Nerve Stimulator (TENS) Unit and a surgical consult. The TENS unit was denied because CA MTUS states that TENS for chronic pain is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It was noted that the patient was treated with therapy, however, there is insufficient documentation of functional gains from prior electrical stimulation. With limited evidence of significant change in status or reduced medication intake prior to modality use, medical necessity is not evident. Regarding the surgical consult, CA MTUS is silent about this request. The surgical consult was denied because ODG-TWC indicates that office visits are recommended as determined to be medically necessary. The patient has ongoing symptoms in the left hand. However, there are no diagnostics submitted for review, which confirms pathology. Therefore, medical necessity is not established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transcutaneous Nerve Stimulator (TENS) unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

**Decision rationale:** The Expert Reviewer's decision rationale:CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. However, there is little information regarding this patient's treatment history including the use of a TENS unit in physical therapy, medication management, or instruction and compliance with an independent program. There is no specific duration or request for a trial. There is insufficient documentation to establish medical necessity for the requested home TENS units. In addition, this request does not specify the duration of intended use. Therefore, the request for Transcutaneous Nerve Stimulator Unit is not medically necessary.

**Surgical Consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (Updated 04/10/2014).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**Decision rationale:** The Expert Reviewer's decision rationale:CA MTUS states that hand surgery consultation may be indicated for patients who have red flags of a serious nature; fail to respond to conservative management; have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. However, surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. There was very little information noted to support guideline recommendations for a hand surgery consult. A specific rationale identifying why the patient needs a surgical consult for the hand would be required in this patient despite lack of guideline support, was not identified therefore this request is not medically necessary.

