

Case Number:	CM14-0083166		
Date Assigned:	07/21/2014	Date of Injury:	10/02/2013
Decision Date:	08/26/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/04/2014

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 records presented for review indicate that this 46-year-old male was reportedly injured on October 2, 2013. The mechanism of injury is a hand laceration while working on a transmission. The most recent progress note, dated May 12, 2014 indicates that there are ongoing complaints of left hand pain and weakness. The injured employee's status post a left hand extensor tendon laceration repair. The physical examination demonstrated decreased grip strength of the left-hand. There was full active range of motion of all digits without any clicking or locking sensations. No diagnostic studies were mentioned. A request had been made for the use of a tens unit, electrodes, and an exercise kit for the hand wrist and elbow and was not certified in the pre-authorization process on May 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Purchase DOS: 10/08/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the use of a transcutaneous electrical nerve stimulation (TENS) unit is not recommended as a primary treatment modality but could be considered with a one-month home-based trial for individuals with chronic regional pain syndrome (CRPS), neuropathic pain or phantom limb syndrome. Furthermore there is no documentation that other primary treatment modalities have been tried and failed. For these multiple reasons this request for the use of a TENS unit for purchase is not medically necessary.

Electrodes #18 DOS: 10/08/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary equipment is not medically necessary, none of the associated supplies are medically necessary.

American IMEX Sterile Electrodes #4 DOS: 10/08/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary equipment is not medically necessary, none of the associated supplies are medically necessary.

Exercise Kit for Hand, Wrist, Elbow DOS: 10/08/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Exercises.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Durable Medical Equipment.

Decision rationale: It is not clear in the attach medical record why the injured employee needs an exercise kit for the hand/wrist/elbow after already participating in and making progress in postoperative physical therapy. According to the most recent progress note dated May 12, 2014. The injured employee was stated to be doing quite well with the exception of some decreased grip strength of the left-hand. There is no explanation why a kit for the hand, wrist and elbow is required when there is full range of motion present and only decreased hand grip strength. Without additional justification this request for an exercise kit for the hand/wrist/elbow is not medically necessary.