

Case Number:	CM14-0089596		
Date Assigned:	09/10/2014	Date of Injury:	05/08/2008
Decision Date:	11/24/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/13/2014

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 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 injured worker is a 61-year-old male who sustained an injury on May 8, 2008. He is diagnosed with (a) right thumb pain and (b) chronic pain syndrome. He was seen for an evaluation on April 25, 2014. He complained of right thumb pain. An examination revealed normal right hand strength but limited right thumb abduction. There was no visible inflammatory change.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous electrical nerve stimulation (PENS) 4 separate treatments over the course of 60 days 64555 times 1 unit, 64555-58, HRV/ANS monitoring 95921 times 2 units, 95921 times 1 unit, 95921 times 1 unit, 95921 times 2 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS) Page(s): 97. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain(updated 05/15/14) CRPS, diagnostic tests <http://www.ncbi.nlm.nih.gov/pubmed/23931777>: Testing the autonomic nervous system.Freeman R1, Chapleau MW. Handb Clin Neurol. 2013;115:115-36. doi: 10.1016/B978-0-444-52902-2.00007-2.Abstract

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS) Page(s): 97.

Decision rationale: The request for percutaneous electrical nerve stimulation unit is not medically necessary at this time. Guidelines do not support the use of this modality. However, a trial may only be considered if it will be used in conjunction with a program of evidence-based functional restoration. There was no mention of outlined program of evidence-based functional restoration in the reviewed medical records to warrant the necessity of percutaneous electrical nerve stimulation.