MAXIMUS Federal Services

Case Number:	CM14-0093235		
Date Assigned:	07/25/2014	Date of Injury:	11/09/2011
Decision Date:	09/26/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/19/2014

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 Illinois. 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 47-year-old male who reported an injury on 11/09/2011, reaching upwards and hammering nails into a ceiling, a piece of wood cut and splintered the top of his right hand (by the knuckle of his 5th finger). The piece of wood embedded in between the top of his right hand and the knuckles of his 4th and 5th fingers. Diagnoses were laceration with foreign body right dorsal hand 5th; status post foreign body removal, right hand; bilateral median neuropathy. Past treatments were acupuncture, chiropractic sessions, physical therapy, and TENS unit. Diagnostic studies were MRI of the right wrist and elbow; EMG dated 05/07/2014 of the bilateral upper extremities was a normal study; EMG of the lower extremities on 06/06/2014 was normal. Surgical history was removal of a foreign body out of the right hand. Physical examination on 05/21/2014 revealed complaints of pain in the neck that radiated to the bilateral arms and associated numbness and tingling in both arms and all digits of both hands. Examination revealed tenderness of the right wrist and hand. Motor function with the Jamar for the right hand remained markedly limited. There was spasm of the forearm musculature/intrinsic muscles of the hand. Medications were tramadol, Orphenadrine, pantoprazole, and naproxen. Treatment plan was to continue medications as directed. The rationale was submitted in the form of medical guidelines. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 116.

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

Decision rationale: The request for TENS Unit is not medically necessary. The California Medical Treatment Utilization Schedule recommends a 1 month trial of a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The injured worker is currently using a TENS unit. The functional improvement from the use of the TENS unit was not reported. The Medical Guidelines state outcomes in terms of pain relief and function, should be reported. It is unclear what the intention of this request is. It does not mention continued use, rental, or purchase. Therefore, the request is not medically necessary.