MAXIMUS Federal Services

| Case Number: | CM14-0187639 | | |
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| Date Assigned: | 11/17/2014 | Date of Injury: | 11/24/2010 |
| Decision Date: | 01/06/2015 | UR Denial Date: | 10/24/2014 |
| Priority: | Standard | Application Received: | 11/10/2014 |

## 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 Internal Medicine 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 34-year-old male with a work related injury dated November 24, 2010. The injury was described as a right hand crush injury with incomplete amputations of the right long and ring fingers. Treatment following the injury was two surgeries, which included reimplantation of the right middle and ring fingers, revascularization, open reduction and internal fixation of the right long and ring fingers proximal phalanges and tenolyses and capsulotomies of four fingers. Dates of surgeries were November 24, 2010 and April 19, 2011. Additional treatments documented were acupuncture, a custom right hand splint, and pain medications both oral and topical. The documentation submitted for review included two physician visits one dated February 20, 2014 and October 28, 2014, which was after the date of the utilization review a decision. The documentation of the February 20, 2014 reflected the worker had increased stiffness and curling in the fingers in the right hand and ongoing pain in the right hand. Examination reflected that range of motion was restricted and painful at the proximal interphalangeal (PIP) and distal interphalangeal (DIP) joints of the fourth and fifth fingers. The worker was unable to form a grip. Treatment requested at this visit included acupuncture therapy, a TENS unit, a custom right hand splint replacement and a prescription of Tramadol and Voltaren one percent gel for local application. The visit dated October 28, 2014, documented no significant changes in symptoms. At this visit the work reported that both the TENS unit and the hand brace did help with pain management. The utilization review dated October 24, 2014 documented that the TENS unit, purchase of electrodes 12 packs, purchase of skin prep wipes six packs and purchase of 24 batteries were non-certified. The medical records did not establish a diagnosis of neuropathic pain, post-herpetic neuralgia, complex regional pain syndrome (CRPS), phantom limb pain, spasticity or multiple sclerosis. The documentation also did not give detail of the use of TENS

therapy, functional improvement, reduction of medications or duration of usage. Based on this the requested supplies were documented as not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Six Months of Supplies or Tens Unit to Include: Electrodes, Skin Prep Pads, 4 Batteries per Month and New Lead Wires:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, TENS Unit

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, six months of supplies for TENS unit to include electrodes, skin prep pads, four batteries per month and new lead wires are not medically necessary. TENS unit is not recommended as a primary treatment modality, but a one-month home-based tens trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. Criteria for use of TENS include, but are not limited to, a one month trial period of tens unit should be documented within the functional restoration approach with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function, rental be preferred over purchase during the trial; other ongoing pain treatment should be documented during the trial. Including medication dosage; specific short and long-term goals of treatment with the TENS unit should be submitted; after a successful one month trial, continued tense treatment may be recommended if the physician documents the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. At this point, purchase would be preferred over rental. In this case, the injured worker is a 34-year-old man with an injury sustained November 24, 2010. There was a crush injury to the right hand with incomplete amputations of the right long and ring fingers. He established post two surgeries. One surgery was on November 24, 2010 and the second April 19, 2011. The surgeries included reimplantation of the right middle and ring fingers, revascularization, open reduction internal fixation of the right long and ring fingers. On March 13, 2014 the injured worker received authorization for a tens unit for home use with supplies. There was no indication as to how long, what frequency the injured worker was using the prior TENS unit and whether there was any objective functional improvement. There was no short or long-term goals of treatment with the tens unit submitted are documented in the medical record. A progress note dated May 24 2012 indicates the tens unit was used for pain control, however, interestingly the report indicates the patient's symptoms remained unchanged. The medical record does not contain documentation of objective functional improvement with the use of tens; the documentation does not contain specific short and long-term goals of treatment with the Tens unit; the documentation indicates the patient symptoms remained unchanged despite TENS unit use. The clinical evidence the medical record does not support the ongoing use of the Tens unit. The requested, Six Months of Supplies for Tens Unit

to Include Electrodes, Skin Prep Pads, Four Batteries per Month and New Lead Wires are not medically necessary.