

Case Number:	CM14-0201213		
Date Assigned:	12/11/2014	Date of Injury:	10/28/2010
Decision Date:	02/03/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 57 year old male with an injury date on 10/28/10. The patient complains of pain in the right wrist/fingers/knuckles per 10/24/14 report. The patient complains of stiffness in the fingers of the right hand, increasing pain in the right fingers of the right hand with physical activity, and numbness on the top part of the right hand and knuckles per 10/24/14 report. The 9/26/14 report also states that the right long finger deviates toward the ring finger. Based on the 10/24/14 progress report provided by the treating physician, the diagnoses are: 1. s/p right MCP-2, MCP-3, MCP-4, PIP-5 impaction injury with dislocation 2. s/p right palmar region primary repair and reduction PIP-5 10/28/10 by [REDACTED]. s/p right wrist arthroscopy, capsulotomy MCP-2,3,4 joints, K-wire fixation 12/7/11 by [REDACTED]. s/p right wrist open repair TFCC 5/17/12 by [REDACTED]. right 2nd, 3rd, and 4th finger MCP joint extensor lag 6. right PIP-5 joint flexion contracture with possible volar plate contracture PIP-5 joint 7. right little finger DIP-5 extension contracture 8. right thumb, long, ring tendinitis tenderness A-1 pulley without triggering 9. right ulnar neuritis cubital tunnel 10. right wrist chronic pain: ulnar carpal > radiocarpal decreased pain at TFCC and DRUJ 11. right wrist pisotriquetral joint pain s/p cortisone injection x 2 on 2/14/13 and 5/22/14 12. right wrist radiocarpal joint pain s/p cortisone injection x 1 on 2/28/13 13. right wrist foveal area pain s/p cortisone injection x 1 on 3/15/13 14. right wrist dorsal 2nd web space / ant metacarpal ligament pain s/p cortisone injection x 1 on 5/10/13 15. s/p right extensor tenosynovectomy 2, 3, 4: capsulotomy MCP-2, 3, 4: PIP-2, 3, 4 on 7/16/13 16. s/p right index, long, ring finger removal foreign body sutures 7/16/13 17. A physical exam on 10/24/14 showed "physical examination unchanged. No change in range of motion of fingers. Continued volar plate contracture." Review of reports dated 8/1/14 to 10/24/14 do not show range of motion testing of the fingers. The patient's treatment history includes medications, cortisone injections,

work restrictions (patient currently working modified duty). The treating physician is requesting TENS unit. The utilization review determination being challenged is dated 11/5/14. The requesting physician provided treatment reports from 8/1/14 to 10/24/14.

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 TENS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. TENS, chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: This patient presents with right wrist/fingers pain. The treater has asked for TENS unit on 10/24/14. Review of the reports do not show any evidence of a TENS unit trial being done in the past. Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. In this case, the patient presents with chronic pain in the fingers of the left hand. The requested TENS unit is not indicated as there is no documentation of a one-month trial. In addition, there is no diagnosis that meets MTUS criteria for use of a TENS unit. The request is not medically necessary.