

Case Number:	CM14-0206304		
Date Assigned:	12/18/2014	Date of Injury:	04/04/2013
Decision Date:	02/12/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehab, 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 48-year-old female with an injury date of 04/04/2013. Based on the 10/14/2014 progress report, the patient complains of intermittent weakness on her left middle finger. She has mild tenderness of the A1 pulley of the left middle finger, a positive Phalen, positive Tinel, and a positive compression test over the median nerve, which elicits numbness of the index and middle finger at approximately 5 seconds. The patient has mild thenar atrophy and mild abductor pollicis brevis weakness. The patient's diagnoses include the following: 1. History of left middle finger flexor tenosynovitis. 2. Possible left middle finger trigger A1 pulley, resolved. 3. Left upper extremity overuse syndrome. 4. Rule out left carpal tunnel syndrome. The utilization review determination being challenged is dated 11/04/2014. There was one treatment report provided from 10/14/2014.

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 Page(s): 114-116.

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

Decision rationale: The patient presents with weakness on her left middle finger. The request is for a TENS UNIT. She has mild tenderness of the A1 pulley of the left middle finger, a positive Phalen, positive Tinel, a positive compression test over the median nerve, mild thenar atrophy, and mild abductor pollicis brevis weakness. Per MTUS guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with documentation of functional improvement, additional usage may be indicated. In this case, the treater does not provide any discussion regarding the request. There is no mention of the patient previously using the TENS unit for a 1-month trial as required by MTUS guidelines. There are no discussions regarding any outcomes for pain relief and function. The treater has not indicated a need for a TENS unit based on the MTUS criteria. There is no diagnosis of neuropathy, CRPS, or other conditions for which a TENS unit is indicated. Therefore, the requested TENS unit is not medically necessary.