

<b>Case Number:</b>	CM15-0162394		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	03/07/2015
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 55 year old male, who sustained an industrial injury on 3-7-15. Current diagnosis is amputation of right second index DIP. His work status is modified duty. A report dated 7-16-15 reveals the injured worker presented with complaints of pain and sensitivity at the tip of his right second finger that is rated at 9 out of 10 and sleep disturbance due to the pain. A note dated 7-8-15 states the injured worker describes his finger pain as a blister and rates the pain at 9 out of 10. A physical examination dated 7-16-15 revealed range of motion of the right second "DIP is 20 degrees, PIP 30 degrees", tender to palpation at the tip, and a healed amputation at the DIP right index. An examination dated 7-13-15 revealed the injured worker has difficulty making a fist. Treatment to date has included medications; Norco (weaning off) and Gabapentin (is helpful), LidoPro cream (does not help with the pain), acupuncture (tolerated well, per note dated 7-16-15), surgical intervention and home exercise program (therapeutic response was not noted). A request for authorization dated 6-29-15 for a TENS unit for home use (quantity 1) is non-certified due to lack of documentation of failed conservative measures, per Utilization Review letter dated 7-20-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 TENS Unit for home use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** According to the MTUS guidelines, a 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. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use was not specified and the claimant had already used it in the past. TENS use protocol, clinical response to functional improvement was not noted. Long-term use in the home is not recommended. The request for a TENS unit is not medically necessary.