MAXIMUS Federal Services

Case Number:	CM15-0206111		
Date Assigned:	10/23/2015	Date of Injury:	05/18/2015
Decision Date:	12/11/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/20/2015

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: Texas, 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 40 year old male who sustained an industrial injury on 05-18-2015. On 08-26-2015, the injured worker underwent left small finger flexor tenolysis, FDP reconstruction with Palmaris Longus Interposition Graft, short arm splint. Postoperative diagnoses included left small finger flexor tendon adhesions and left small finger FDP tendon rupture. Following the surgery, the injured worker attended postoperative hand therapy. According to a therapy progress report dated 09-30-2015, the injured worker reported pain, swelling, stiffness, thick adhesions and hypersensitivity of the left small finger. Patient problems included pain, scar thickness, decreased active range of motion of fingers-wrist and decreased functional use of left hand. The patient sustained the injury when he was pushing a tank; his left small finger got caught between the wall and the tank.The past medical history included DM. The medication list includes Metformin, Lisinopril, Norvasc and Metformin. The patient had received an unspecified number of the PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 month rental of Micro-Z Unit supplies: 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: The Micro Z unit delivers galvanic stimulation. As per the cited guideline "Galvanic stimulation: Not recommended, considered investigational for all indications." The cited guideline does not recommend Galvanic stimulation and is considered investigational for all indications. The patient has received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse was not specified in the records provided. The medical necessity of the Micro-Z Unit is not fully established and therefore the need for the Micro-Z Unit supplies is also not established. The request for Micro-Z Unit supplies is not medically necessary or fully established for this patient.