

Case Number:	CM15-0220472		
Date Assigned:	11/13/2015	Date of Injury:	05/08/2008
Decision Date:	12/24/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/09/2015

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: New Jersey, New York
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 62 year old male who sustained an industrial injury on 5-8-2008. A review of medical records indicates the injured worker is being treated for right hand strain and status post right thumb trigger finger release surgery. Medical records dated 10-6-2015 noted pain in the right hand. Physical examination noted right dorsal thumb web was diminished. Right index tip and right small tip were index. Treatment has included PENS, pain medication, ant- inflammatory agents, surgery, physical therapy, and medical imaging. Utilization review form dated 10-22-2015 noncertified PENS (P-STIM) 4 treatments x 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Electrical Nerve Stimulation (PENS) (P-STIM) 4 treatment times 30 days:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Percutaneous electrical nerve stimulation (PENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Percutaneous electrical nerve stimulation (PENS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, P-stim (pulse stimulation treatment).

Decision rationale: The request is medically unnecessary. As per MTUS guidelines, PENS is indicated if used as an adjunct to a program of evidence-based functional restoration, and if therapeutic exercises and TENS were not effective. The patient has had physical therapy but unclear what effect it had on symptoms and functionality. There is also no documentation that he would also be involved in a functional restoration program. Therefore, the request is considered medically unnecessary. The MTUS does not address the use of P-stim. According to ODG guidelines, P-stim is not recommended due to lack of medical evidence. There was only one published RCT that showed no association with improved pain management. The UR mistakenly referred to P-Stim as PENS, which is different. The treating physician doesn't discuss the specific nature of P-Stim and did not provide any medical evidence in support of this treatment. Therefore, the request is not medically necessary.