

Case Number:	CM15-0041895		
Date Assigned:	03/12/2015	Date of Injury:	09/08/2014
Decision Date:	04/16/2015	UR Denial Date:	02/08/2015
Priority:	Standard	Application Received:	03/05/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 28 year old male who sustained an industrial injury on 09/08/2014. Current diagnosis includes fracture right hand crush injury. Previous treatments included medication management, right index finger surgery on 09/18/2014, and physical therapy. Current diagnostic studies included spirometry, EKG, and right hand x-rays. Report dated 01/06/2015 noted that the injured worker presented with complaints that included right hand pain and numbness. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included obtaining operative report and right hand x-ray report, and order IF unit 4000.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of IF 4000 unit for the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electric Stimulation Page(s): 115-118.

Decision rationale: Due to the questionable benefits from IF units, Guidelines have very specific standards that are recommended before long term use. These standards include a rental 30 day trial with evidence of diminished medication use and improved function during this 30 days. These Guideline standards have not been met. There has been no 30 day home trial with documented objective improvements. Under these circumstances, Guidelines do not support the purchase of an IF 4000 unit for the right hand, it is not medically necessary.