

Case Number:	CM15-0048542		
Date Assigned:	03/20/2015	Date of Injury:	12/17/2013
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/13/2015

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, Illinois

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 56 year old male who sustained an industrial injury on 12/17/2013. His diagnoses include left scaphoid non-union; post-traumatic radio scaphoid arthritis; and open reduction internal fixation surgery (1/19/15). There is record of a recent magnetic resonance imaging study of the left wrist on 7/2/2014. He has been treated with open reduction internal fixation of left scaphoid with radius bone graft & radial styloidectomy (1/19/15) with post-operative physical therapy - left scaphoid/hand; opioids; removable thumb Spica splint; and clean dry dressings. In the progress notes of 2/9/2015, the injured worker reports no left hand/wrist pain 7-8/10 with numbness, and his treating physician reports visible swelling, with no signs of infection, at the surgical incision, left hand/wrist, site and limited range of motion. He is requesting a transcutaneous electrical stimulation unit for the left hand to decrease pain and use of narcotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit rental for three months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official

Disability Guidelines Treatment in Workers' Compensation Forearm, Wrist and Hand Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 115-116.

Decision rationale: The injured worker sustained a work related injury on 12/17/2013. The medical records provided indicate the diagnosis of left scaphoid non-union; post-traumatic radio scaphoid arthritis; and open reduction internal fixation surgery (1/19/15). Treatments have included open reduction internal fixation of left scaphoid with radius bone graft & radial styloidectomy (1/19/15) with post-operative physical therapy - left scaphoid/hand; opioids; removable thumb Spica splint; and clean dry dressings. The medical records provided for review do not indicate a medical necessity for TENS unit rental for three months. When indicated, the MTUS recommends a trial of TENs unit with one month rental as an adjunct to an evidence based functional restoration program. The requested treatment exceeds the one month initial rental; also, the records do not indicate the injured worker has been enrolled in a functional restoration program. The requested treatment is not medically necessary.