MAXIMUS Federal Services

Case Number:	CM15-0080929		
Date Assigned:	05/01/2015	Date of Injury:	09/03/2013
Decision Date:	06/02/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/27/2015

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: Emergency 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 58-year-old male who sustained a work related injury September 3, 2013. According to a primary treating physician's progress report, dated April 13, 2015, the injured worker presented with continued achy finger pain with numbness and occasionally radiating up to his neck. Physical examination reveals tenderness to palpation and lacking full extension, 3rd digit, left hand DIP joint (distal interphalangeal joint). He noted decreased pain by 50% with NSAID (non-steroidal anti-inflammatory drugs). There is improvement in mood with the addition of Escitalopram by treating psychiatrist. Diagnoses are left third finger s/p surgery September 2013; sleep difficulty; poor coping with pain; joint pain, hand; depression-major, not specified. Treatment plan included continue medication, home exercise program as tolerated, follow-up with psychiatry, and request for TENS patch quantity: two pair.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patch quantity two pair: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic, (transcutanaeous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The requested TENS patch quantity two pair, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note: “Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." The injured worker has continued achy finger pain with numbness and occasionally radiating up to his neck. Physical examination reveals tenderness to palpation and lacking full extension, 3rd digit, left hand DIP joint (distal interphalangeal joint). He noted decreased pain by 50% with NSAID (non-steroidal anti-inflammatory drugs). The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, TENS patch quantity two pair is not medically necessary.