MAXIMUS Federal Services

Case Number:	CM15-0081186		
Date Assigned:	05/01/2015	Date of Injury:	07/27/2014
Decision Date:	06/01/2015	UR Denial Date:	04/09/2015
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: New York
Certification(s)/Specialty: Internal 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 42 year old male, who sustained an industrial injury on 7/27/2014. Diagnoses include status post RCL repair at MP joint right thumb and likely concomitant right thumb stenosing flexor tenosynovitis. Treatment to date has included surgical intervention (repair of a tear of the radial collateral ligament at right thumb metacarpophalangeal joint 1/20/2015), diagnostics, physical therapy with electrical stimulation, work modification and medication. Per the Post-op visit dated 3/11/2015, the injured worker reported significant pain and swelling 7 weeks post surgery. Physical examination of the right thumb revealed swelling and significant stiffness. He was barely able to flex the IP joint and there was tenderness at the A1 pulley region. The plan of care included, and authorization was requested, for magnetic resonance imaging (MRI) and the purchase of a TENS unit for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase for right hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

Decision rationale: According to the MTUS guidelines, the TENS unit is not recommended as a primary treatment modality. A one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for conditions such as, neuropathic pain, phantom limb pain, complex regional pain syndrome (CRPS), spasticity or multiple sclerosis (MS). In this case, use of the TENS has proved beneficial but there is no documentation of any functional benefit from the TENS unit in terms of his work status and use of pain medications. Medical necessity for the requested item has not been established. The requested TENS Unit is not medically necessary.