

Case Number:	CM14-0140715		
Date Assigned:	09/10/2014	Date of Injury:	04/17/2014
Decision Date:	11/10/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including

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 45 year old male who reported an injury on 04/17/2014 due to an unknown mechanism of injury. The diagnoses included finger fracture closed, bilateral shoulder sprain/strain with clinical impingement, left upper extremity neuropathy, left thumb laceration, and left elbow medial and lateral epicondylitis. Past treatments included physical therapy, work modification, chiropractic treatment, acupuncture, and medication. The injured worker had an MRI of the left thumb on 07/11/2014 which revealed distal flexor pollicis longus tendinosis or partial tear, first IP joint ulnar collateral ligament partial tear, and mild osteoarthritis of the first MCP and IP joints. On 05/02/2014, the injured worker was noted to be improving by 45% since the date of injury. He was recommended for physical therapy 3 times a week for 2 weeks to help increase joint range of motion and back to full work duty. On the physical examination on 05/28/2014, the injured worker reported to be 90% better, with less pain and swelling. He was released back to full work duties on 06/02/2014. The pain was described as faint and occasional. The injured worker denied any numbness and tingling. During the physical examination on 07/29/2014, the injured worker showed a positive impingement and empty cans test bilaterally. He showed full range of motion of the digits with the exception of the PIP of the left thumb. Flexion was 20 degrees. Motor strength was 2/5. Past medications included Acetaminophen 500mg, Hydrocodone, Neurontin, and Naproxen. The treatment plan was a request for a TENS unit as well as a hot and cold pack/wrap or thermal combo unit. The injured worker was placed back onto modified work restrictions. A request was received for the TENS unit. A rationale was not provided. The Request for Authorization form was submitted for review on 07/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for a TENS unit is not medically necessary. The injured worker was noted to suffer a fracture of the left thumb while on the job on 04/17/2014. He completed chiropractic care and acupuncture treatment 2 times a week for 6 weeks. The California MTUS guidelines state that the use of the TENS unit is not recommended as a primary treatment modality, however, 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 and after there is evidence that other appropriate pain modalities, including medication, have been tried and failed. There was lack of subjective complaints of neuropathic pain and adequate documentation regarding the failure of other appropriate pain modalities including medication. There was a lack of documentation indicating the requested TENS unit would be used in conjunction with a program of evidence-based functional restoration. In addition, the submitted request does not specify the frequency, duration, or site of treatment. Given the above, the request is not medically necessary.