

Case Number:	CM14-0142559		
Date Assigned:	09/10/2014	Date of Injury:	03/13/2013
Decision Date:	10/10/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/03/2014

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 Occupational Medicine, 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 the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 31 year-old male with date of injury 03/13/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/29/2014, lists subjective complaints as pain and weakness of the left hand due to amputation of the distal tip of the 3rd, 4th, and 5th fingers. Objective findings: Examination of the left hand revealed weakness, stiffness and severely restricted range of motion of the fingers. There does not appear to be any nerve laceration. Patient's condition has improved since his last visit four weeks prior. Diagnosis: 1. Amputation Left D3, D4, D5 with residual pain and numbness 2. Sleep disturbance.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS 30 day rental & supplies: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page(s): 68.

Decision rationale: The MTUS does not recommend a TENS unit 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. There is documentation throughout the medical record that the patient meets the criteria necessary for a one-month trial of a TENS unit. Therefore, this request is medically necessary.