

<b>Case Number:</b>	CM15-0016964		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	12/14/2009
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: Physical Medicine & Rehabilitation

### 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 December 14, 2009. The diagnoses have included crush injury right hand, right hand finger reconstruction, right finger decreased range of motion (ROM), right DIP joint chronic abnormality, right thumb amputation revision, excision of nail bed and advanced flap reconstruction, right finger extensor tenolysis and capsulotomy and right finger autoamputation/demarcation circulatory compromise. A progress note dated December 8, 2014 provides the injured worker's right hand has increased pain due to cold and that his fingernail splits and bleeds. Physical exam notes pain on palpation worsening over time. He has had extensive hand surgery and therapy. The plan is for further surgery and treatment. On January 6, 2015 utilization review non-certified a request for Transcutaneous Electrical Nerve Stimulator Unit Purchase, Deep Vein Thrombosis Max Unit Purchase and Continuous Passive Motion Unit. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 26, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transcutaneous Electrical Nerve Stimulator Unit Purchase: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy trial Page(s): 114-116.

**Decision rationale:** According to the 12/15/2014 hand written report, this patient presents with right hand pain and weakness. The current request is for Transcutaneous Electrical Nerve Stimulator Unit Purchase but the treating physician's report and request for authorization containing the request is not included in the file. The patient's work status was not mentioned in the report. Regarding TENS units, the MTUS guidelines state not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option and may be appropriate for neuropathic pain. The guidelines further state a rental would be preferred over purchase during this trial. The provided medical reports does not indicate that the patient has neuropathic pain and there is no indication that the patient has trialed a one-month rental to determine whether or not a TENS unit will be beneficial. In this case, the request for a purchase of the TENS unit is not supported by the MTUS guidelines when there is not documentation of neuropathic pain and one-month trial. The request IS NOT medically necessary.

**Deep Vein Thrombosis Max Unit Purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Shoulder, Venous Thrombosis

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee chapter : DVT Prophylaxis

**Decision rationale:** According to the 12/15/2014 hand written report, this patient presents with right hand pain and weakness. The current request is for Deep Vein Thrombosis Max Unit Purchase. The MTUS and ACOEM Guidelines do not address DVT Prophylaxis unit; however, ODG Guidelines do address DVT Prophylaxis unit. ODG state Current evidence suggests it is needed for inpatients undergoing many orthopedic-, general-, and cancer-surgery procedures and should be given for at least seven to 10 days. In addition, prolonged prophylaxis for four to five weeks also shows a net clinical benefit in high-risk patients and procedures. Review of the provided reports show no discussion of the patient is a high risk patient of DVT or the patient is undergoing a high risk procedure to be warranted purchase of the unit. The treating physician does not mention why the patient needed to purchase the unit. In this case, the requested Deep Vein Thrombosis Max unit IS NOT medically necessary.

**Continuous Passive Motion Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Shoulder, Venous Thrombosis

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Forearm, Wrist, & Hand: Continuous passive motion (CPM)

**Decision rationale:** According to the 12/15/2014 hand written report, this patient presents with right hand pain and weakness. The current request is for Continuous Passive Motion Unit. Regarding continuous passive motion, MTUS and ACOEM Guidelines do not address CPM; so the ODG Guideline was referenced. ODG states Recommended. Controlled mobilization regimens are widely employed in rehabilitation after flexor tendon repair in the hand. In reviewing the provided medical reports, the treating physician does not document that the patient had a flexor tendon repair in the hand to warrant the use of the Continuous Passive Motion Unit. The request IS NOT medically necessary.