

Case Number:	CM15-0019164		
Date Assigned:	02/09/2015	Date of Injury:	11/11/2014
Decision Date:	03/25/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/02/2015

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, Indiana, 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 48 year old male, who sustained an industrial injury on November 11, 2014. He has reported laceration of the left middle finger, amputation of the left ring finger, and pain of the fingers and hand. The diagnoses have included amputation of finger, anxiety, and depression. Treatment to date has included surgical revision of the amputation, physical therapy, and splinting. A progress note dated December 16, 2014 indicates a chief complaint of continued hand pain and stiffness. Physical examination showed decreased grip strength of the left hand, decreased Rom of the left middle finger, and decreased range of motion of the left ring finger. The treating physician is requesting a transcutaneous electrical nerve stimulation unit rental for one month, chiropractic treatments, and a functional capacity evaluation. On January 14, 2015 Utilization Review denied the request citing the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME-Neurostimulator Tens/Ems Unit Rental (1 month): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, TENS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Pain section, TENS, Neuromuscular-electrostimulation

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, neurostimulator, TENS, electro-muscle-stimulator unit with supplies, one-month rental is not medically necessary. Neuromuscular electrical stimulation (NMES devices) is not recommended. NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. TENS is not recommended as a primary treatment modality, but 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, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, documentation of pain of at least three months duration; a one month trial period of the TENS trial; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are amputation fingers; fractured finger, closed; an open wound of finger, complicated left. The documentation indicates the request for the TENS unit was made two months post accident. The criteria require at least three months duration. Additionally, there was no TENS trial documented the medical record. The TENS unit is not medically necessary. The neurostimulator or electro muscle stimulator (NMES) unit is not recommended. NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Consequently, absent clinical documentation in contravention of the recommended guidelines, neurostimulator, TENS, electro-muscle-stimulator unit with supplies, one-month rental is not medically necessary.

Chiropractic Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Upper Extremity

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Forearm, wrist and hand, Manipulation

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic treatment is not medically necessary.

Chiropractic/manipulation to the forearm, wrist and hand is not recommended. Manipulation has not been proven effective and high quality studies for patients with pain in the hand, wrist or forearm, but smaller studies have shown comparable effectiveness of the conservative therapies. In this case, the injured worker's working diagnoses are amputation fingers; fractured finger, closed; an open wound of finger, complicated left. The documentation does not state the number of sessions and the duration. Consequently, the guidelines do not recommend chiropractic/manipulation to the forearm, wrist and hand and, therefore, chiropractic treatment is not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODC, TWC, Fitness Duty Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 137-8.

Decision rationale: Pursuant to the ACOEM, functional capacity evaluation is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. In this case, the injured worker's working diagnoses are amputation fingers; fractured finger, closed; an open wound of finger, complicated left. There is no documentation in the medical record of the injured workers attempt to return to work. There have been no trial return to work and the injured worker has not reached maximal medical improvement. The injured worker has not been engaged in a work conditioning or work hardening program. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Consequently, a functional capacity evaluation is not medically necessary.