MAXIMUS Federal Services

Case Number:	CM15-0170458		
Date Assigned:	09/17/2015	Date of Injury:	07/28/2014
Decision Date:	10/22/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/29/2015

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, Hawaii
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 39-year-old male who sustained an industrial injury on July 28, 2014. Diagnoses have included complex left finger laceration, left hand injury, septic arthritis, and tenosynovitis of the left wrist or hand. Documented treatment includes cortisone injections; fusion of the left third digit proximal interphalangeal joint, with hardware removal February 11, 2015; an unspecified number of sessions of physical therapy stated in the July 27, 2015 progress report to have been "beneficial in decreasing pain"; home stretching; ice; self-massage; and use of a TENS unit, aiding in pain control. He does not use medication. The injured worker continues to report intermittent hand pain with prolonged use, which he describes as "pressure with movement," and July 10, 2015 report states he has some loss of motion and "diminished manual dexterity" which involves dropping small objects, with no loss of grip strength. The injured worker has returned to working full time without restrictions. The treating physician's plan of care includes 2 leads for TENS unit per month for the left hand, but this was denied on August 6, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase TENS patch x 2 pairs for the left hand: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient presents with left hand pain. The current request is for Purchase TENS patch x 2 pairs for the left hand. The treating physician's report dated 07/27/2015 (37B) states, "Self-massage, ice therapy, stretches from PT sessions and TENS unit helpful for pain control." The patient is tolerating work, but has intermittent hand pain with prolonged use of his hands. No numbness or tingling were reported. The MTUS guidelines support the usage of a TENS unit for the treatment of chronic intractable pain caused by neuropathic pain, diabetic neuropathy, CRPS II, Spinal cord injury and MS. MTUS page 8 requires the ongoing monitoring of treatment and continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. In this case, the treating physician has documented the ongoing usage of the prescribed TENS unit and the treater notes that the patient as able to work and maintain conservative treatments as a result. The ongoing need for replacement pads is justified since there is documentation that the TENS unit is providing functional benefit for the patient. The current request is medically necessary.