

<b>Case Number:</b>	CM13-0027703		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	02/22/2010
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is a 52-year-old female with a work injury dated 2/22/10. The diagnoses include right lateral epicondylitis; possible cubital tunnel syndrome; left shoulder neuropathic pain syndrome; Complex Regional Pain Syndrome; chronic neck pain; bilateral lateral epicondylitis, worse on the right; right ulnar irritation, possible cubital tunnel syndrome; status post left shoulder surgery, including labral debridement and subacromial decompression on 5/16/12; status post right subacromial decompression, labral debridement Mumford procedure on 11/16/11; Right elbow lateral and medial epicondylar pain and chronic inflammation; and complex regional pain syndrome right elbow. There is a request for the medical necessity of a TENS unit purchase. Per documentation, the patient had a TENS unit three (3) years ago, and it needs to be replaced as it is no longer functioning. The TENS unit helped significantly. There is a 10/31/13 office note by a physician assistant that states that the patient has ongoing symptomatology of hypersensitivity in the left shoulder and upper chest along with similar symptoms over the right shoulder and right lateral elbow. There are episodes with turning hot and then alternating with cold. She has increased sweating of the upper body and extremities. She avoids touch to the left shoulder or right elbow. She reports that her pain has worsened in recent weeks, causing increasing difficulties with her activities of daily living (ADLs) and restorative sleep. Medication does help. She consistently reports pain levels reduced from 8-9/10 to 4-5 with the pain medications. She reports that she does not like taking pain medications. She has been authorized for a stellate ganglion block. The physical exam revealed normal cervical spine range of motion. Palpation of the right elbow revealed significant hypersensitivity to light touch. There was hypersensitivity to touch of the right elbow. The range of motion was limited in the right elbow. The strength was

5/5 in the bilateral upper extremities. The provocative testing for shoulder instability or impingement was negative. There is decreased range of motion in both shoulders

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TENS UNIT, PURCHASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 116..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
FUNCTIONAL RESTORATION APPROACH TO CHRONIC PAIN MANAGEMENT  
Page(s): 114-116 AND 7..

**Decision rationale:** The documentation submitted reveals that the patient had a transcutaneous electrical nerve stimulation (TENS) unit three (3) years ago, which helped her pain at that time. The documentation submitted indicates that her diagnosis of complex regional pain syndrome (CRPS) was not present three (3) years ago. There is no evidence that she has had a one (1) month TENS trial. The Chronic Pain Guidelines recommend TENS "as an adjunct to a program of evidence-based functional restoration." The Guidelines indicate that there should be "a treatment plan including the specific short- and long-term goals of treatment with the TENS unit" documented. The above documentation does not submit evidence of a treatment plan, home exercise program, or an ongoing documented program of evidence based functional restoration. The request for a purchase of a TENS unit is not medically necessary.