

Case Number:	CM13-0028460		
Date Assigned:	12/27/2013	Date of Injury:	05/30/2013
Decision Date:	08/01/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/25/2013

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 Pain Medicine and is licensed to practice in New York and Texas. 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 injured worker is a 62 year old male injured on 05/30/13 when he tripped and fell striking his left elbow on the ground resulting in a compound fracture of the elbow requiring open reduction and internal fixation. Current diagnoses include alteration of sensation, joint stiffness of the upper arm, swelling of the limb, joint pain of the shoulder, fracture of the lower humerus, and joint stiffness of the hand. The clinical documentation dated 08/26/13 indicates the injured worker presented complaining of left shoulder and elbow pain rated at 3-7/10. Physical therapy note indicated the injured worker was utilizing a transcutaneous electrical nerve stimulation (TENS) unit during regular session with no significant improvement in complaints. The initial request for durable medical equipment transcutaneous electrical nerve stimulation (TENS) unit was not medically necessary on 08/30/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, HAND, WRIST AND FOREARM DISORDERS.

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

Decision rationale: Transcutaneous Electrical Nerve Stimulation (TENS) use is not recommended as a primary treatment modality. Criteria for TENS use includes documentation of pain of at least three months duration; evidence that other appropriate pain modalities have been tried (including medication) and failed; a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used and outcomes of pain relief and function; and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. It is unclear from the request if purchase or rental is being requested. Additionally, the injured worker has utilized TENS unit throughout physical therapy without significant improvement indicating a lack of efficacy. As such, the request for DME TENS Unit cannot be recommended as medically necessary.