

Case Number:	CM13-0032151		
Date Assigned:	12/04/2013	Date of Injury:	07/12/2010
Decision Date:	03/21/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in 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 physician 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 43-year-old female who reported an injury on 07/12/2010 due to repetitive job duties. The patient reportedly sustained an injury to her right elbow and right shoulder. It was previously determined that the patient was a surgical candidate; however, it was discovered that she was pregnant and surgical intervention was delayed until after the patient had completed a course of breastfeeding. The patient underwent an EMG that revealed left-sided C5 radiculopathy and an NCV that revealed mild right carpal tunnel syndrome and left carpal tunnel syndrome. The patient underwent an MRI of the right elbow that revealed evidence of lateral epicondylitis. The patient's most recent clinical documentation indicated that the patient had persistent elbow pain rated at 8/10 to 9/10. Prior treatments included physical therapy, medication, and corticosteroid injections. A TENS unit was ordered to assist with pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

A 30 day rental of a TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114.

Decision rationale: The requested 30 day rental of a TENS unit is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends a 30 day trial of a TENS unit as an adjunct therapy to physical medicine. The clinical documentation submitted for review does not provide any evidence that the patient is participating in any active therapy to include a home exercise program that would benefit from an adjunct therapy such as a TENS unit. Therefore, a 30 day rental of a TENS unit would not be indicated. As such, the requested 30 day rental of a TENS unit is not medically necessary or appropriate