

Case Number:	CM13-0032699		
Date Assigned:	12/11/2013	Date of Injury:	06/14/2012
Decision Date:	02/19/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/08/2013

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 and Rehabilitation and is licensed to practice in California. 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 34-year-old female who reported injury on 06/14/2012. The mechanism of injury was noted to be a laceration. The most recent office note dated 09/30/2013 noted the patient complained of headaches, right elbow pain and right forearm pain. She reported medications do help to provide temporary relief of her pain and help to improve her ability to sleep. Examination revealed tenderness to palpation over the lateral epicondyle and over the brachioradialis muscle. Right elbow range of motion was restricted and Cozen's sign was positive. Grip strength was decreased on the right and motor strength was decreased in the right upper extremity. The patient's diagnosis was noted to be status post right forearm laceration, right elbow pain and headaches. The request was made for a TENS/EMS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: TENS/EMS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 115, 116, 121.

Decision rationale: California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. California MTUS states NMES is not recommended and is primarily used as part of rehabilitation program following a stroke and there is no evidence to support its use in chronic pain. The patient is noted to have continued right elbow pain as well as headaches which medication is helping to improve. The documentation did not support the patient was involved in a program of functional restoration in conjunction with the TENS and CA MTUS does not recommend the use of NMES for chronic pain. Given the above, request for a DME TENS/EMS unit is not medically necessary.