

<b>Case Number:</b>	CM13-0056358		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/26/2010
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine, 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 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 23-year-old who sustained an injury to her right elbow on July 26, 2010 after repetitive movements at work. The patient soldered pieces under microscopes with small hand tools and without much back support. A panel qualified medical evaluation dated March 9, 2013 conclude that the patient be placed at 6% whole person impairment. A utilization review dated November 18, 2013 reported that the requests for MRI of the right elbow and TENS (transcutaneous electrical nerve stimulation) unit were denied. The basis for denial was not documented. A physician's progress report dated November 14, 2013 reported failure of a TENS unit trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **AN MRI OF THE RIGHT ELBOW:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 232.

**Decision rationale:** MRI for routine evaluation of acute, sub-acute, or chronic elbow joint pathology, including degenerative joint disease is not recommended. There were no focal

neurological deficits on physical examination. There was no indication that a surgical procedure is anticipated. There were no signs of decreased motor strength, increased sensory or reflex deficits. There was no indication of a new acute injury, exacerbation of previous symptoms or any other red flags. Given the clinical documentation submitted for review, medical necessity of the request for MRI of the right elbow has not been established. The request for an MRI of the right elbow is not medically necessary or appropriate.

**A TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) UNIT FOR HOME USE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 31.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Section, Chronic Pain (Transcutaneous Electrical Nerve Stimulation), Page(s): 114.

**Decision rationale:** A TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. A physician's progress report dated November 14, 2013 reported failure of a TENS unit trial. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Given the clinical documentation submitted for review, medical necessity of the request for transcutaneous electrical nerve stimulator (TENS) for home use has not been established. The request for a TENS unit for home use is not medically necessary or appropriate.