

Case Number:	CM13-0067636		
Date Assigned:	01/03/2014	Date of Injury:	04/14/2009
Decision Date:	06/30/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/18/2013

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 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 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 55-year-old male with a reported date of injury on 04/14/2009. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include chronic left elbow medial epicondylitis and early post traumatic arthritis, undergoing 2 surgical procedures in 2008 and 2009, and chronic right elbow medial epicondylitis. His previous treatments were noted to include a home exercise program and medications. The progress note dated 11/22/2013 reported the injured worker presented with right elbow pain, he was taking his medications as prescribed and the medications were working well with no side effects. The physical examination of the right elbow revealed no erythema, swelling, ecchymosis, incision, or drainage. No limitation was noted in flexion, extension, pronation or supination. There was tenderness noted over the lateral epicondyle and the Tinel sign was negative. The injured worker's medication regimen included Lidoderm 5% patch to affected area daily as needed, Flexeril 5 mg tablets 1 twice daily as needed, lexapro 10 mg 1 daily, Lyrica 50 mg 1 three times a day, trazodone 100 mg 1 to 2 at bedtime as needed, and Ultram 50 mg 1 daily. On 05/25/2010, an electrodiagnostic study was performed which showed no evidence of cervical radiculopathy, brachial plexopathy, myopathy, peripheral neuropathy, nor any mononeuropathy affecting the upper limbs. The motor strength to the elbow flexors was 3/5 bilaterally and motor strength to the elbow extensors was 3/5 bilaterally. Sensory examination was normal. The provider reported the TENS Unit alleviated flare up's of pain, helped manage the injured worker's breakthrough pain and allowed him to decrease the use of breakthrough pain medication from Ultram 2 to 3 times a day to once a day. The Request of Authorization form was not submitted within the medical records. The request was for a permanent TENS Unit for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERMANENT TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

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

Decision rationale: The injured worker has been shown to use a home exercise program, as well as pain medications. According to California Chronic Pain Medical Treatment Guidelines, the TENS Unit is not recommended as a primary treatment modality, but a 1 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. Guidelines recommend a TENS Unit as a treatment option for acute postoperative pain in the first 30 days of surgery; however, it appears to be most effective for mild to moderate thoracotomy pain. The guidelines state it has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. There is a lack of documentation indicating the injured worker completed a one month trial with documented efficacy and frequency of usage. There is also lack of documentation regarding the use of a TENS Unit as an adjunct to a program of evidence-based functional restoration. Additionally, the request does not specify the site at which the TENS Unit is to be utilized. Therefore, the request is not medically necessary.