

<b>Case Number:</b>	CM13-0071832		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	06/13/2011
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Orthopedic Surgeon, has a subspecialty in Shoulder and Elbow Surgery, 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 35-year-old female who reported an injury on 06/13/2011. The mechanism of injury was not specifically stated. Current diagnoses include elbow arthralgia and effusion in the joint of the upper arm. The latest Physician's Progress Report submitted for this review is documented on 01/08/2014. The injured worker reported persistent left elbow pain and stiffness. Physical examination revealed 135 degree flexion, 30 degree extension, 80 degree pronation and supination, slight diffuse tenderness with hypersensitivity to touch, and negative laxity. Treatment recommendations at that time included continuation of home heat/ice therapy and current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PURCHASE OF EMPI TENS UNIT FOR HOME USE FOR LEFT ELBOW: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy(TENS) Page(s): 114-117.

**Decision rationale:** California MTUS state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based trial may be considered as a

noninvasive conservative option. There should be evidence that other appropriate pain modalities have been tried and failed. There should also be evidence of a treatment plan including the specific short and long term goals of treatment with the TENS unit. As per the documentation submitted, there is no evidence of a successful 1 month trial with the TENS unit prior to the request for a unit purchase. There is also no documentation of a failure to respond to other appropriate pain modalities. There was no documentation of a treatment plan including the specific short and long term goals. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.