

Case Number:	CM14-0013855		
Date Assigned:	02/26/2014	Date of Injury:	05/23/2012
Decision Date:	07/07/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/03/2014

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 Internal Medicine, has a subspecialty in HPM (Hospice & Palliative Medicine), and is licensed to practice in Pennsylvania. 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:

Please provide a one paragraph summary of the relevant clinical issues with a diagnosis or diagnoses relevant to the disputed issue(s). Your summary may be posted on the [REDACTED] website for public viewing so please avoid any inflammatory language or disparaging remarks about any aspect of the medical care or claims processes. The injured worker is a 41-year-old woman with a date of injury of 05/23/2012. The submitted and reviewed documentation did not identify the mechanism of injury. Office visit notes by [REDACTED] dated 09/10/2013, 09/16/2013, 11/19/2013, 12/17/2013, and 01/23/2014 described the worker as experiencing neck, shoulder, elbow, and hand pain. Examinations documented in these notes showed tenderness of the right arm with signs concerning for lateral epicondylitis, a swelling of part of the elbow joint. The submitted documentation did not describe the results of advanced imaging or testing. [REDACTED]'s note dated 09/10/2013 indicated the worker was treated with an oral anti-inflammatory medication. [REDACTED] recommended a topical lotion containing four types of pain mediation and a specific functional training program. The note dated 12/17/2013 recorded the worker requested the use of a TENS device with the support of [REDACTED]. [REDACTED] note dated 01/23/2014 indicated the treatment plan was changed to include a topical anti-inflammatory medication and chiropractic care. A Utilization Review decision was rendered on 01/06/2014 recommending non-certification for a TENS device for the right elbow rented for three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL OF TENS (TRANSCUTANEOUS ELECTRICAL STIMULATION) UNIT FOR THE RIGHT ELBOW X 3 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 31-32, 40 and 46, Chronic Pain Treatment Guidelines Part II - Pain Interventions and Treatments, Transcutaneous Electrotherapy, TENS Page(s): 114-116.

Decision rationale: The MTUS Chronic Pain Medical Treatment and ACOEM Guidelines do not support the use of TENS therapy in this setting. The Chronic Pain Guidelines suggest the limited use of TENS together with a program of evidence-based functional restoration for specific types of pain and conditions as a one month trial. The ACOEM Guidelines specifically address the use of TENS for the treatment of lateral and medial epicondylitis. It provides no recommendation, as no quality studies are available and the benefits of this treatment in these settings have not been shown. However, the Guidelines support the use of injected steroids with or without a numbing medication, ultrasound, and oral and topical anti-inflammatory medications. [REDACTED] submitted notes dated 09/10/2013, 09/16/2013, and 11/19/2013 described the worker as having right lateral epicondylitis. This documentation did not indicate the worker had tried most of the treatments recommended by the Guidelines and supported by the available literature. The Chronic Pain Guidelines and the ACOEM Guidelines describe a lack of evidence to support the requested treatment. In the absence of such evidence, the current request for a TENS device for the right elbow rented for three months is not medically necessary.