

Case Number:	CM14-0114713		
Date Assigned:	08/04/2014	Date of Injury:	04/25/1996
Decision Date:	10/03/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/21/2014

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 Family Medicine 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 67 year old male who sustained an injury to his right elbow on 04/25/96. The mechanism of injury was not documented. The clinical note dated 06/09/14 reported that the injured worker continued to complain of persistent right elbow pain. The injured worker has been active in a home exercise program the past month that has provided slight improvement. Physical examination noted a positive Tinel's over the cubital tunnel; slight intrinsic atrophy noted with some flattening of the hypothenar eminence of the right hand with Dupuytren's noted to be present at the base of the 4th and 5th fingers; slight contracture of the 3rd finger; the injured worker lacks 10 degrees of extension, flexion is up to 125 degrees with some crepitation noted at the elbow; pronation of 70 degrees, supination is 75 degrees without discomfort, except at the extremes of motion. Electromyography/nerve conduction velocity study performed in July of 2013 revealed progression to post-traumatic arthritis with persistent cubital tunnel syndrome and severe ulnar neuropathy. The injured worker was recommended a transcutaneous electrical nerve stimulation unit and 6 additional visits of occupational therapy. A functional capacity evaluation will be requested following. The injured worker reported that he does not want to proceed with surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS Unit Purchase: Chronic Pain Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-16.

Decision rationale: California Medical Treatment Utilization Schedule states that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a 1 month home based TENS trial may be considered as a non-invasive conservative option, if used in adjunct to a program of evidence based functional restoration. 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 stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. Several published evidence based assessments of transcutaneous electrical nerve stimulation TENS have found that evidence is lacking concerning effectiveness. Given this, the request for a TENS unit purchase: chronic pain right elbow is not indicated as medically necessary.