

Case Number:	CM14-0024165		
Date Assigned:	06/11/2014	Date of Injury:	04/06/2009
Decision Date:	07/24/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/26/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 59-year-old female who reported an injury on 04/06/2009. The mechanism of injury was noted to be a fall. The injured worker's prior treatments were noted to be medications and a sympathetic ganglion block. Her diagnosis was noted to be complex regional pain syndrome of the right upper extremity. The clinical evaluation indicated the injured worker reporting pain levels at 3 on a 1-10 scale. She indicated sometimes her pain will rise to a level 8. The physical exam includes the injured worker being very irritable with the medial aspect of the right elbow; light touch over the surgical incision creates a withdrawal response. There is no color change and the right elbow is quite tender. The treatment plan included a transcutaneous electrical nerve stimulation trial to decrease the symptoms of the right elbow. The provider's rationale for the requested TENS unit was documented within the clinical evaluation dated 01/06/2014. A Request for Authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRONIC STIMULATOR (TENS) TRIAL RIGHT ELBOW: Upheld

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

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

Decision rationale: The request for transcutaneous electrical nerve stimulation trial, right elbow is not medically necessary. California MTUS Chronic Pain Medical Treatment Guidelines recommend a TENS unit for neuropathic pain and also for complex regional pain syndrome. The guidelines indicate a treatment trial of one month may be appropriate. The guidelines do not recommend TENS unit 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. TENS unit is recommended as a treatment option for acute postoperative pain in the first 30 days of surgery. However, according to the documentation, the injured worker is not status post a recent surgery. In addition, the documentation fails to indicate an adjunct plan for evidence based functional restoration. Therefore, the request for electronic stimulator (TENS) trial right elbow is not medically necessary.