

<b>Case Number:</b>	CM14-0026371		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	05/17/2013
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 41-year-old male with date of injury 5/17/13. The treating physician report dated 2/5/14 indicates that the patient presents with pain affecting the cervical spine 7/10, right shoulder pain 7/10, right arm pain 8/10 and low back pain 6/10. The current diagnoses are: chronic neck pain, no improvement; right elbow strain/biceps tenosynovitis/partial biceps tear, no improvement; and low back strain, no improvement. The utilization review report dated 2/13/14 denied the request for TENS unit and soft tissue ultrasound of the right elbow based on the rationale that the requested treatment is not supported in the ACOEM and MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) UNIT: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-116.

**Decision rationale:** The patient presents with continued pain affecting the cervical spine, right shoulder, right arm and lumbar spine with no improvement reported. The current request is for a

TENS unit. The treating physician report dated 2/5/14 states, "Requesting authorization for TENS unit." The current request does not specifically state if this is for a trial or purchase of a TENS unit. The MTUS guidelines state: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial." The treating physician has not documented that a trial of a TENS unit has been performed and there is no recommendation for the purchase of a TENS unit. Recommendation is not medically necessary.

**SOFT TISSUE ULTRASOUND OF THE RIGHT ELBOW:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter (Online), Ultrasound, Diagnostic.

**Decision rationale:** The patient presents with continued pain affecting the cervical spine, right shoulder, right arm and lumbar spine with no improvement reported. The current request is for soft tissue ultrasound of the right elbow. The treating physician report dated 2/5/14 states, "There is tenderness to palpation of the extensor attachment at the lateral epicondyle bilaterally. There is tenderness to palpation of the right posterior arm and insertion of the triceps. Tennis Elbow Test is positive on the right." The MTUS Guidelines do not address diagnostic ultrasound testing of the elbow. The ODG Guidelines for diagnostic ultrasound of the elbow states, "Indications for imaging -- Ultrasound: Chronic elbow pain, suspect nerve entrapment or mass; plain films non-diagnostic (an alternative to MRI if expertise available) -Chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films non-diagnostic (an alternative to MRI if expertise available)." The treater in this case has documented that the patient has continued right elbow pain despite physical therapy and there is continued suspicion of partial biceps tear. Recommendation is for medical necessity.