

<b>Case Number:</b>	CM14-0026852		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/23/2011
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/12/2014
<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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 40 year old female who has previously been diagnosed with carpal tunnel syndrome symptoms in September 2011. The clinical noted 01/23/14 indicates the injured worker having complaints of tightness at the forearms as well as pain at the lateral aspect of the right elbow. There is an indication the injured worker has previously failed all conservative treatments. The clinical note dated 02/06/14 indicates the patient complained of numbness, tingling, and pain in both hands. The injured worker stated the pain was waking her at night. The note also indicates the injured worker having a positive Flick's sign. The injured worker had declined a Cortisone injection. The clinical note dated 02/24/14 indicates the injured worker having undergone a right sided carpal tunnel release on 02/04/14. The utilization review dated 02/11/14 resulted in a denial for the use of a TENS unit to address the patient's ongoing complaints of epicondylitis as no objective information had been submitted regarding the injured worker's completion of a 30 day trial of a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS (TRANSCUTANEOUS NERVE STIMULATION) UNIT FOR RIGHT ELBOW:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Transcutaneous electrotherapy Page(s): 113-116.

**Decision rationale:** The documentation indicates the injured worker complaining of bilateral upper extremity pain with associated numbness and tingling in the hands. The patient also had complaints of right elbow pain at the lateral epicondyle. The case notes indicate the patient having previously undergone a trial of Transcutaneous Electrical Nerve Stimulation (TENS) unit. However, no objective data was submitted to confirm the patient's objective functional improvement following the TENS unit trial. Without objective data submitted for review it is unclear if the patient had a positive response the use of the TENS unit. Therefore, this request is not indicated as medically necessary based on Chronic Pain Medical Treatment Guidelines.