

Case Number:	CM14-0028276		
Date Assigned:	06/13/2014	Date of Injury:	05/16/2008
Decision Date:	07/22/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/05/2014

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 Pain Management 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:

This is a patient with a date of injury of May 16, 2008. A utilization review determination dated February 26, 2014 recommends noncertification of percutaneous electrical nerve stimulation. A progress report dated January 30, 2014 identify subjective complaints of "signs and symptoms of right lateral epicondylitis as well as olecranon bursitis." Objective examination findings identify tenderness of palpation over the right lateral upper condyle which has improved and full range of motion of the elbow. The diagnoses include right lateral epicondylitis-improved, and right olecranon bursitis. The treatment plan recommends a repeat PRP injection for the right triceps tendon. No progress reports included percutaneous electrical stimulation as part of the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCUTANEOUS ELECTRICAL NERVE STIMULATOR TREATMENTS X4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

Decision rationale: Regarding the request for percutaneous electrical nerve stimulator treatments x4, Chronic Pain Medical Treatment Guidelines does not have criteria for PENS, but states that transcutaneous electrical nerve stimulation (TENS) is not recommended 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial prior to the request for PENS, since TENS contains significantly more guidelines support. Additionally, there is no documentation of any specific objective functional deficits which PENS would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested percutaneous electrical nerve stimulator treatments x4 is not medically necessary.