

<b>Case Number:</b>	CM14-0073101		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/18/2010
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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, and is licensed to practice in Indiana. 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 employee is a 40 year old female with date of injury of 6/18/2010. A review of the medical records indicates that the patient is undergoing treatment for cervicgia, right carpal tunnel and right tennis elbow. Subjective complaints include continued pain in her right wrist, right hand and fingers. Objective findings include limitations of range of motion of cervical spine and some pain upon palpation. Treatment has included chiropractic sessions, Diclofenac XR, right lateral epicondylitis debridement/repair, carpal tunnel release and ulnar release. The utilization review dated 4/22/2014 non-certified a TENS unit and platelet rich plasma injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment (DME)- 30 day TENS Unit Trial:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TENS Chronic Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

**Decision rationale:** MTUS states regarding TENs unit, "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, for the conditions described below. MTUS further states criteria for selection: Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. 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. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Since the UR, there has been additional medical documentation showing that the employee meets the criteria listed above for a one month trial, since other pain relief modalities have been tried, including surgery and chiropractic sessions. Therefore, a one month trial of a TENS unit is medically necessary.

**Platelet Rich Plasma (PRP) Injection to Right Tennis Elbow: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Platelet Rich plasma

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**Decision rationale:** The MTUS is silent on PRP, but according to the ODG, "Recommend single injection as a second-line therapy for chronic lateral epicondylitis after first-line physical therapy such as eccentric loading, stretching and strengthening exercises, based on recent research below. This small pilot study found that 15 patients with chronic elbow tendinosis treated with buffered platelet-rich plasma (PRP) showed an 81% improvement in their visual analog pain scores after six months, and concluded that PRP should be considered before surgical intervention. Further evaluation of this novel treatment is warranted. "The medical evidence does not suggest that all forms of first-line therapy have been tried and failed. Therefore, PRP injection of the right tennis elbow is not medically necessary.