MAXIMUS Federal Services

Case Number:	CM14-0187570		
Date Assigned:	11/17/2014	Date of Injury:	02/04/2014
Decision Date:	01/06/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/10/2014

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 Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury that occurred on 02/04/14 while working as a janitor; she hit her right elbow on a cabinet door. She was seen on 07/02/14. She was having right elbow pain with numbness and tingling and right wrist pain. Pain was rated at 4/10. Physical examination findings included right elbow tenderness with positive Cozen and reverse Mills tests. There was decreased elbow and wrist range of motion. Medications were prescribed. Physical therapy and acupuncture treatments were recommended. Additional testing was ordered. An MRI of the right elbow on 09/11/14 included findings consistent with lateral epicondylitis with tendinosis and collateral ligament strains/partial thickness tears. There was a joint effusion. The claimant was evaluated for physical therapy on 04/02/14. Therapeutic content included electrical stimulation and cryotherapy, massage, range of motion, and exercise. As of 04/14/14 pain was rated at 7/10. She was having pain with range of motion. There had been no improvement in strength. On 08/13/14, she was having ongoing right elbow pain with stiffness, heaviness, and weakness and intermittent right wrist pain. Medications and heat were providing pain relief. Physical examination findings included elbow and wrist tenderness. Authorization for a right elbow and wrist braces, acupuncture, and chiropractic treatments were requested. Ibuprofen and Prilosec were prescribed. TENS/EMS two times per day was requested as a rental. As of 09/24/14, she was having ongoing symptoms. Physical examination findings included wrist pain with grip testing. She had decreased and painful elbow and wrist range of motion. There was elbow and wrist tenderness. Imaging results were reviewed. Medications were prescribed and shockwave treatment for epicondylitis was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS/EMS Unit Rental x 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices), Transcutaneous electrotherapy Page(s): 121,.

Decision rationale: The claimant is more than 6 months status post work-related injury and is being treated for chronic right elbow pain. Treatments have included physical therapy with use of TENS/EMS during treatment sessions. According to the MTUS guidelines, use of a neuromuscular electrical stimulation (NMES) device is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS. Therefore, the requested TENS/EMS unit is not medically necessary.