

Case Number:	CM14-0205644		
Date Assigned:	12/17/2014	Date of Injury:	05/07/2014
Decision Date:	02/28/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40 year old female with an injury date of 05/07/14. Based on the 08/26/14 progress report provided by treating physician, the patient complains of right elbow, and right shoulder pain rated 8/10. Patient is status post workplace injury caused by lifting a heavy object, has had one Cortisone shot to the right shoulder which provided some temporary. Physical examination 08/26/14 revealed tenderness to palpation to the greater tuberosity and subacromial space of the right shoulder and decreased range of motion in all planes, especially internal and external rotation. Right elbow examination notes tenderness to the lateral epicondyle, unrestricted range of motion in all planes. The patient is currently prescribed unspecified anti-inflammatory medications. Patient is currently working modified light duties. Diagnostic imaging included MRI without contrast of the right shoulder dated 07/01/14, significant findings include: "Mild acromioclavicular joint degenerative changes, otherwise normal exam."Diagnosis 08/26/14- Right shoulder impingement syndrome with persistent pain despite treatment including therapy, anti-inflammatories, and previous injection.- Right lateral epicondylitis- Mild carpal tunnel syndrome bilaterally with no symptoms at this time. The utilization review determination being challenged is dated 11/12/14.Treatment reports were provided from 01/21/14 to 08/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tennis Elbow Brace (Purchase) For The Right Elbow: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic) Chapter, Tennis elbow band.

Decision rationale: The patient presents with right elbow, and right shoulder pain rated 8/10. Patient is status post workplace injury caused by lifting a heavy object, has had one Cortisone shot to the right shoulder which provided some temporary. The request is for DME TENNIS ELBOW BRACE (PURCHASE) FOR THE RIGHT ELBOW. Physical examination 08/26/14 revealed tenderness to palpation to the greater tuberosity and subacromial space of the right shoulder and decreased range of motion in all planes, especially internal and external rotation. Right elbow examination notes tenderness to the lateral epicondyle, unrestricted range of motion in all planes. The patient is currently prescribed unspecified anti-inflammatory medications. Patient is currently working modified light duties. Diagnostic imaging included MRI without contrast of the right shoulder dated 07/01/14. ODG Guidelines, Elbow (Acute & Chronic) Chapter, under Tennis elbow band states: "Recommended for epicondylitis. Positive but limited evidence." In this case, the treater is requesting a tennis elbow brace for the management of this patient's chronic elbow pain. ODG guidelines recommend such conservative interventions for chronic elbow pain, and it appears that this is a reasonable medical intervention given this patient's diagnosis. This request IS medically necessary.

1 Month Trial (Rental) Prime Dual Neurostimulator (TENS/EMS UNIT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS guidelines on the criteria for the use of TENS in chronic intractable. Page(s): 114-116.

Decision rationale: The patient presents with right elbow, and right shoulder pain rated 8/10. Patient is status post workplace injury caused by lifting a heavy object, has had one Cortisone shot to the right shoulder which provided some temporary. The request is for DME 1 MONTH TRIAL (RENTAL) PRIME DUAL NEUROSTIMULATOR (TENS/EMS UNIT). Physical examination 08/26/14 revealed tenderness to palpation to the greater tuberosity and subacromial space of the right shoulder and decreased range of motion in all planes, especially internal and external rotation. Right elbow examination notes tenderness to the lateral epicondyle, unrestricted range of motion in all planes. The patient is currently prescribed unspecified anti-inflammatory medications. Patient is currently working modified light duties. Diagnostic imaging included MRI without contrast of the right shoulder dated 07/01/14. Prime Dual Neurostimulator is a proprietary combined TENS and EMS stimulation unit. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain: (p114-116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial." In this case, the treater is requesting a proprietary combined TENS and EMS stimulation unit in an attempt to conservatively control this patient's chronic elbow and shoulder pain. While MTUS does recommend a 30 day trial of TENS, the request is for a dual unit, of which EMS or electrical muscle stimulator, also known as NMES is specifically not recommended for chronic pain. Were the request for a 30 day trial of a standalone TENS unit the request would be medically necessary, but the requested unit contains functions which are not recommended or necessary for this patient's condition. Therefore, this request IS NOT medically necessary.

1 Month Supplies: Electrodes, Batteries, Lead Wires (Purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS guidelines on the criteria for the use of TENS in chronic intractable pain. Page(s): 114-11.

Decision rationale: The patient presents with right elbow, and right shoulder pain rated 8/10. Patient is status post workplace injury caused by lifting a heavy object, has had one Cortisone shot to the right shoulder which provided some temporary. The request is for DME 1 MONTH SUPPLIES: ELECTRODES, BATTERIES, LEAD WIRES (PURCHASE). Physical examination 08/26/14 revealed tenderness to palpation to the greater tuberosity and subacromial space of the right shoulder and decreased range of motion in all planes, especially internal and external rotation. Right elbow examination notes tenderness to the lateral epicondyle, unrestricted range of motion in all planes. The patient is currently prescribed unspecified anti-inflammatory medications. Patient is currently working modified light duties. Diagnostic imaging included MRI without contrast of the right shoulder dated 07/01/14. Prime Dual Neurostimulator is a proprietary combined TENS and EMS stimulation unit. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain:(p114-116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial." In this case, the treater is requesting electrodes, leads, and batteries for a proprietary combined TENS and EMS stimulation unit in an attempt to conservatively control this patient's chronic elbow and shoulder pain. While MTUS does recommend a 30 day trial of TENS, the request is for a dual unit, of which EMS or electrical muscle stimulator, also known as NMES is specifically not recommended for chronic pain. Were the request for supplies for a standalone TENS unit the request would be medically necessary, but the requested unit contains functions which are not recommended or necessary for this patient's condition. Therefore, this request IS NOT medically necessary.