

<b>Case Number:</b>	CM15-0139121		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	08/01/2002
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 54 year old female, who sustained an industrial injury on 8/1/2002. Diagnoses have included bilateral impingement syndrome, bilateral cubital tunnel, bilateral carpal tunnel syndrome, left lateral epicondylitis and cervical sprain-strain. Treatment to date has included surgery and medication. According to the progress report dated 6/17/2015, the injured worker complained of left shoulder pain with radiation to the neck and upper arm. She complained of left elbow-forearm pain. She also complained of left hand-wrist pain with radiation to the fingers. Exam of the left elbow-forearm revealed a medial scar. The medial aspect of the elbow was very sensitive to touch. It was noted that the injured worker was going through a flare-up of symptoms. Authorization was requested for an A.R.T unit rental for one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ART unit for one month:** Upheld

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

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

**Decision rationale:** The request is for an ART stimulator unit, which falls under the TENS guidelines. TENS is not recommended as a primary treatment modality, but a 1 month trial may be considered if used as an adjunct to an evidence-based functional restoration program. In this case, the claimant complains of left shoulder, left hand and left elbow pain, however documentation pertaining to the patient's pain relief from conservative measures, such as physical therapy and medications, is lacking. Thus the request for an ART stimulator is not medically necessary.