

Case Number:	CM15-0168289		
Date Assigned:	09/09/2015	Date of Injury:	01/23/2015
Decision Date:	10/13/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/26/2015

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
Certification(s)/Specialty: Emergency Medicine

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 injured worker is a 49 year old male who reported an industrial injury on 1-23-2015. His diagnoses, and or impression, were noted to include: right elbow strain-sprain; and right lateral epicondylitis. No current imaging studies were noted. His previous treatments were not noted in the medical records provided. The progress notes of 5-18-2015 reported intermittent, moderate right elbow pain with stiffness that was aggravated by change in temperature and repetitive movement. Objective findings were noted to include: mild swelling at the right elbow; tenderness and painful and decreased range-of-motion at the anterior elbow, lateral epicondyle and posterior elbow; and pain caused by Cozens. The physician's requests for treatments were noted to include a trans-cutaneous electrical nerve stimulation unit for home use to control pain. The Utilization Review of 7-23-2015 non-certified the request for a trans-cutaneous electrical nerve stimulation unit for home use, 30 day trial, with one-month of supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for home use with TENS Unit supplies for home use for 30 day trial rental:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome (CRPS) pain. Patient has a diagnosis of epicondylitis and elbow sprain. There is no documentation of failures of multiple conservative treatments. Guidelines recommend use only with Functional Restoration program which is not documented. Patient fails multiple criteria for TENS trial. TENS is not medically necessary.