

Case Number:	CM15-0197205		
Date Assigned:	10/12/2015	Date of Injury:	05/05/2003
Decision Date:	11/25/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/07/2015

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 62 year old female, who sustained an industrial injury on 05-05-2003. She has reported subsequent left elbow pain and was diagnosed with lateral epicondylitis of the elbow. Treatment to date has included medication, bracing, physical therapy, Epsom bath salts, application of heat and ice and a home exercise program, which were noted to have failed to significantly relieve the pain. In a progress note dated 07-08-2015, the injured worker reported left elbow pain that was documented as 8 out of 10 at worst and a 1 out of 10 at least with radiation to the forearm. The physician noted that symptoms were increasing with treatments, with increased activity due to physical therapy. Objective findings revealed exquisite tenderness over the lateral epicondyle of the left elbow in its anterior aspect extending down the lateral mid-forearm, moderate tenderness at the olecranon, slight in the medial epicondyle, moderately weaker grasp on the left compared to the right, positive Tinel's at the small digit in the cubital tunnel and carpal tunnel in the long digit with positive Guyon's canal test into the small digit. The physician noted that left elbow symptoms persisted but that the injured worker was tolerating physical therapy well. In a special report dated 09-24-2015, the physician noted that Pro Motion Physical Therapy was requesting home exercise equipment in the form of resistance bands and a 30 day rental of a TENS unit. The physician noted that as per a clinical note on 08-19-2015, the injured worker was discharged to a home exercise program after completing 12 sessions of physical therapy. The physician noted that the trial of the TENS unit during the structured physical therapy sessions afford her significant relief of pain and stiffness and was a necessary supplement to her exercises. TENS unit - 30 day rental Work status was documented as disabled A request for authorization of TENS unit - 30 day rental was submitted. As per the 09-30-2015 utilization review, the request for TENS unit - 30 day rental was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit - 30 day 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: The request is for a 30-day rental of a TENS unit to treat a patient with lateral epicondylitis of the left elbow. Lateral epicondylitis is generally treated conservatively with activity modification and exercise. MTUS Guidelines specify that TENS should be reserved for neuropathic pain, phantom limb pain, CRPS, spasticity and MS. This patient does not have any of the above conditions. TENS is not recommended for lateral epicondylitis. Therefore the request is not medically necessary or appropriate.