

Case Number:	CM15-0205147		
Date Assigned:	10/22/2015	Date of Injury:	03/05/2014
Decision Date:	12/03/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/19/2015

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: Arizona, California
 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 45 year old female with an industrial injury dated 03-05-2014. A review of the medical records indicates that the injured worker is undergoing treatment for left elbow strain, left lateral epicondylitis, left wrist sprain and strain and left elbow epicondylitis. According to the progress note dated 10-08-2015, the injured worker reported worsening pain and swelling on the lateral epicondyle area radiating down the whole left forearm and wrist and fingers. The injured worker reported that she has not been able to receive medication since 07-07-2015. Objective findings (04-30-2015, 07-02-2015, 07-06-2015, 08-25-2015, 10-08-2015) revealed left elbow range of motion 0-135 in flexion and extension, tenderness to lateral epicondyle, and increased pain with resistive pronation. Treatment has included prescribed medications, steroid injection of left elbow on 07-02-2015, physical therapy (6 visits) & acupuncture (8 visits) with short-term improvement (50-60%) and periodic follow up visits. The utilization review dated 10-15-2015, non-certified the request for transcutaneous electrical nerve stimulation (TENS) 30-day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulation (TENS) 30 day rental: Upheld

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

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

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The TENS lacks evidence for upper extremity strains and epicondylitis. The claimant had undergone therapy acupuncture was already requested. The request for a TENS unit is not medically necessary.