

Case Number:	CM15-0216035		
Date Assigned:	11/05/2015	Date of Injury:	02/07/2014
Decision Date:	12/18/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old female sustained an industrial injury on 2-7-14. Documentation indicated that the injured worker was receiving treatment for discogenic cervical condition with facet inflammation and radiculopathy, bilateral shoulder impingement, right epicondylitis, right ulnar neuritis and bilateral brachial plexus irritation. Previous treatment included physical therapy and medications. In an evaluation dated 10-9-15, the injured worker complained of right elbow pain with numbness and tingling, right hand pain with numbness and tingling, rated 4 to 6 out of 10 on the visual analog scale. The injured worker also complained of depression, sexual dysfunction and difficulty pushing a shopping cart due to her injury. Physical exam was remarkable for decreased range of motion to the cervical spine and elbows, intact sensation throughout bilateral upper extremities, positive Tinel's and Hawkin's signs at bilateral elbows with tenderness to palpation and 5 out 5 bilateral upper extremity strength. The physician recommended a pin management evaluation, cervical traction with air bladder, cervical pillow, hot and cold wrap, right elbow pad, cubital tunnel brace, hinged elbow brace, four lead transcutaneous electrical nerve stimulator unit with conductive garment for the elbow, cortisone injection to subacromial space, right ulnar nerve injection, chiropractic therapy for the cervical spine and medications (Tramadol ER and Flexeril). On 11-2-15, Utilization Review non-certified a request for a four lead transcutaneous electrical nerve stimulator unit with garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four lead TENS unit with garment: Upheld

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

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

Decision rationale: The claimant sustained a work injury in February 2015 as the result of a repetitive strain injury to the right elbow. She was seen for an initial evaluation by the requesting provider on 10/09/15. Treatments had included physical therapy and medications. She had right elbow and hand pain rated at 4-6/10. She was having numbness and tingling. Physical examination findings included biceps and cervical tenderness. Hawkins sign was positive bilaterally. There was right medial and lateral epicondyle tenderness. Tinel's testing was positive over the brachial plexus and negative at the wrist. Authorization is being requested for a 4 lead TENS unit with garment. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS. Providing a TENS unit for indefinite use without documented benefit during a home based trial is not medically necessary. Additionally, a garment would require documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment or that the individual cannot apply the stimulation pads alone or with the help of another available person. Additional pads can be connected with use of a splitter cable without requiring a 4 lead unit. The request is not medically necessary for these reasons as well.