

<b>Case Number:</b>	CM15-0219250		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	12/12/2013
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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:

The injured worker is a 42 year old female, who sustained an industrial injury on December 12, 2013. The injured worker was diagnosed as having rule out right shoulder impingement, status post right elbow surgery, and upper extremity compression neuropathy. Treatment and diagnostic studies to date has included laboratory studies, status post right elbow lateral epicondylar release and extensor carpi radialis tendon reconstruction performed on June 01, 2015, at least 12 sessions physical therapy, medication regimen, and injections to the left shoulder. In a progress note dated July 29, 2015 the treating physician reports complaints of "severe" pain to the right elbow and the right shoulder with decreased range of motion, numbness to the right hand, weak hand grip and grasp, and pain throughout the right upper extremity. Examination performed on July 29, 2015 was revealing for decreased range of motion to the right shoulder, positive impingement testing, and "slight" erythema to the right elbow, decreased range of motion to the right elbow, and hypoesthesia to the dorsum of the right hand and forearm. The progress note from July 09, 2015 noted a pain level of 8 out of 10 to the right elbow and right shoulder. The progress notes from March 02, 2015, June 15, 2015, July 09, 2015, and July 29, 2015 did not include any documentation of prior use of transcutaneous electrical nerve stimulation unit. The progress note from August 25, 2015 noted the request to continue use of transcutaneous electrical nerve stimulation that use of this device "facilitates significant diminution in pain and improve tolerance to activity", but the above listed progress notes did not include the start date of the prior treatment, injured worker's pain level prior to use of this treatment and after use of this treatment to indicate the effects with the use of this

treatment. On September 21, 2015 the treating physician retrospectively requested purchase of TENS (transcutaneous electrical nerve stimulation) unit for the right shoulder and right elbow with the date of service of July 29, 2015 noting current use as indicated above. On October 02, 2015 the Utilization Review determined the retrospective request for purchase of TENS (transcutaneous electrical nerve stimulation) unit for the right shoulder and right elbow with the date of service of July 29, 2015 to be modified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective request for purchase of TENS (transcutaneous electrical nerve stimulation) unit for the right shoulder and right elbow (DOS: 07/29/2015): 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 December 2013 when a stack of cans fell on her right shoulder. She underwent a right lateral epicondyle release in June 2015. The claimant was seen by the requesting provider in July 2015. She was having severe right elbow pain. She had right shoulder discomfort with limited range of motion and diffuses pain and numbness in her right upper extremity. Physical examination findings included decreased right shoulder range of motion with positive impingement testing. There was decreased elbow range of motion with diffuse hyperesthesia. There was slight erythema. Additional testing was requested. Physical therapy was discontinued. When seen in August 2015 pain was rated at 5-7/10. There was right shoulder and elbow tenderness with decreased and painful range of motion. Impingement testing was positive. There was decreased right hand and forearm sensation. She had right deltoid and cervical and trapezius spasms. The assessment references TENS as facilitating a December in pain and improved activity tolerance. Authorization is being requested for purchase of a TENS unit. 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. Purchasing a TENS unit for indefinite use without documented benefit during a home based trial is not medically necessary.