

Case Number:	CM15-0219590		
Date Assigned:	11/12/2015	Date of Injury:	11/03/2013
Decision Date:	12/29/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/09/2015

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: Physical Medicine & Rehabilitation

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 37-year-old female, who sustained an industrial injury on 11-03-2013. A review of the medical records indicates that the worker is undergoing treatment for left sided lateral epicondylitis, left medial epicondylitis and left de Quervain's tenosynovitis status post surgery in 01-2015 with continued pain. Treatment has included pain medication, physical therapy, cortisone injections and surgery but the worker was noted to be experiencing continued pain despite treatment. During an orthopedic surgery follow-up visit dated 06-23-2015, the worker continued to report excessive pain. The physician noted that he could no longer give an answer as to why the worker was in severe pain but that the worker had full range of motion of her tendons. A recommendation was made to send the worker to physiatry for long-term care and pain management. Subjective complaints (07-14-2015) included continued pain at the site of surgery for left lateral epicondylitis, left medial epicondylitis and left de Quervain's tenosynovitis. Objective findings (07-14-2015) included equivocal fist test, tenderness to palpation over the lateral epicondyle, medial epicondyle and tenderness to palpation over the left first dorsal extensor compartment with no evidence of any other abnormality. The physician noted that the hand therapist had recommended transcutaneous electrical nerve stimulator (TENS) unit and noted that the worker was referred to physiatry for long-term pain management. A physiatry note dated 08-11-2015 noted that he worker was being seen for follow-up care regarding left medial epicondylitis and left de Quervain's tenosynovitis. Objective findings showed normal range of motion of the left elbow but the physician noted that the worker reported pain with maximum flexion and extension and reported continued pain over

left de Quervain's synovitis release areas despite the fact that she had nerve impingement on range of motion on extension or flexion. A referral was recommended for physiatry or pain management. A request for authorization of TENS unit was submitted without an explanation for the request. There is no indication in the recent progress notes that a trial of TENS unit has been attempted. A utilization review dated 10-15-2015 non-certified a request for retro TENS, 2 Lead, Multiple Nerve for DOS 8-17-15 for Left Shoulder, Cervical Strain, Left Hand (Laceration) for Purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro TENS, 2 Lead, Multiple Nerve for DOS 8/17/15 for Left Shoulder, Cervical Strain, Left Hand (Laceration) for Purchase: 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 patient was injured on 11/03/13 and presents with left elbow pain. The retrospective request is for TENS, 2 LEAD, MULTIPLE NERVE FOR DOS 8/17/15 FOR LEFT SHOULDER, CERVICAL STRAIN, LEFT HAND (LACERATION) FOR PURCHASE. There is no RFA provided and the patient's current work status is not provided. Review of the reports provided does not indicate if the patient had any prior TENS unit use. MTUS Guidelines, Transcutaneous Electrotherapy section, page 116 states that TENS unit have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with the documentation of functional improvement, additional usage maybe indicated. The patient is diagnosed with left sided lateral epicondylitis, left medial epicondylitis, and left de Quervain's tenosynovitis status post surgery in 01-2015 with continued pain. Treatment to date includes pain medication, physical therapy, cortisone injections and surgery but the worker was noted to be experiencing continued pain despite treatment. The reason for the request is not provided and there is no mention of the patient previously using the TENS unit for a 1-month trial as required by MTUS guidelines. There are no discussions regarding any outcomes for pain relief and function. A trial of TENS may be reasonable. However, the request is for a purchase. Therefore, the request IS NOT medically necessary.