

Case Number:	CM15-0032512		
Date Assigned:	02/26/2015	Date of Injury:	06/05/2013
Decision Date:	04/15/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/20/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 41-year-old female, who sustained an industrial injury on 6/5/13. She has reported shoulder and elbow pain from cumulative trauma from activities at work. The diagnoses have included shoulder sprain/strain, elbow sprain/strain, elbow tenosynovitis, injury of the elbow, right elbow lateral epicondylitis, right shoulder impingement and right shoulder tendinitis. Treatment to date has included medications, diagnostics, physical therapy 12 sessions, Home Exercise Program (HEP) and chiropractic sessions. Currently, the injured worker complains of constant right shoulder and elbow pain rated 7/10 on pain scale. There was numbness in the right hand at times. The pain worsened with overhead motions and after work. The elbow worsened with gripping, lifting and repetitive activities. The pain was alleviated with Naproxen. Physical exam of right elbow revealed positive Tinel's sign. There was positive resistive flexion and extension of the right wrist. There was also positive Tine's for the ulnar nerve at the wrist level. The right shoulder exam revealed positive impingement, Yergason and O'Brien signs. There was no previous therapy sessions noted and no previous diagnostics noted. Treatment plan included Home Exercise Program (HEP), Transcutaneous Electrical Nerve Stimulation (TENS), tennis elbow strap, Magnetic Resonance Imaging (MRI) of right shoulder, X-rays right elbow, chiropractic, anti-inflammatory, omeprazole and Lidopro. On 2/11/15 Utilization Review non-certified a request for Transcutaneous Electrical Nerve Stimulation (TENS) Unit trial for rent, noting the (MTUS) Medical Treatment Utilization Schedule for chronic pain pages 114-116 guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit trial for rent: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114-117.

Decision rationale: California MTUS guidelines indicates that the criteria for the use of a tens unit includes evidence that other pain modalities have been tried and failed. The attached medical record indicates that the injured employee is prescribed naproxen, which does help her symptoms. There is also a concurrent request for a home exercise program. Considering these guideline recommendations and these other pending and successful conservative treatments, this request for a tens unit trial is not medically necessary.