

<b>Case Number:</b>	CM15-0044552		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	04/28/2014
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: 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 63 year old male, who sustained an industrial injury on April 28, 2014. He has reported right elbow pain. Diagnoses have included right elbow fracture, contusion of the right elbow, right elbow, forearm, and wrist swelling, and rule out right elbow internal derangement. Treatment to date has included right elbow surgery, medications, use of a sling, physical therapy, and imaging studies. A progress note dated September 15, 2014 indicates a chief complaint of right elbow pain. The treating physician documented a plan of care that included use of a sling, transcutaneous electrical nerve stimulation unit, Cold therapy unit, and elbow exercise kit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective:Tens unit purchase wit three month supplies dispensed on 07/16/2014:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tens.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy Page(s): 114, 121.

**Decision rationale:** The claimant is more than one year status post work-related injury and underwent a right elbow medial collateral ligament and flexor tendon repair in July 2014. The requested items were dispensed on the day of surgery. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. 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. Therefore providing a TENS unit with supplies was not medically necessary.

**Retrospective: Cold therapy unit purchase dispensed on 07/16/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tens.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p167.

**Decision rationale:** The claimant is more than one year status post work-related injury and underwent a right elbow medial collateral ligament and flexor tendon repair in July 2014. The requested items were dispensed on the day of surgery. In terms of thermal modalities, the use of heat and ice are low cost as at-home applications, have few side effects, and are noninvasive. The at-home application of heat or cold packs is recommended. However, in this case, simple, low-tech thermal modalities would meet the claimant's needs. There would be no need for a cold therapy unit. The unit dispensed was not medically necessary.

**Retrospective: Elbow exercise kit dispensed on 07/16/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant is more than one year status post work-related injury and underwent a right elbow medial collateral ligament and flexor tendon repair in July 2014. The requested items were dispensed on the day of surgery. Post surgical treatment after the claimant's surgery includes up to 24 physical therapy visits over 16 weeks with a postsurgical physical medicine treatment period of 6 months. Patients are expected to continue active therapies. Compliance with an independent exercise program would be expected and would not require specialized equipment. The requested Exercise kit is not medically necessary.