

<b>Case Number:</b>	CM15-0051875		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	11/16/2005
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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 50 year old female, who sustained an industrial injury on November 16, 2005. The injured worker had reported right elbow pain. The diagnoses have included right radial tunnel syndrome and bilateral carpal tunnel syndrome. Treatment to date has included medications, occupational therapy, home exercise program, transcutaneous electrical nerve stimulation unit and bilateral elbow surgery. Current documentation dated November 18, 2014 notes that the injured worker reported pain and weakness of the right elbow and hands. Physical examination of the upper extremities revealed mild swelling and slight tenderness over the right medial and lateral epicondyle. The elbow flexion tests and Tinel's sign were negative at the cubital tunnels. Examination of the right wrist revealed a positive Tinel's sign. The treating physician's plan of care included a request for a transcutaneous electrical nerve stimulation unit with home electrodes and supplies for the right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit with home electrodes and supplies for the right elbow:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-121.

**Decision rationale:** The patient presents on 11/18/14 with unrated pain and weakness in the right elbow and right hand. The patient's date of injury is 11/16/05. Patient is status post right cubital tunnel release with anterior submuscular transposition of the ulnar nerve, status post right medial and lateral epicondyle repair at dates unspecified. The request is for TENS UNIT WITH HOME ELECTRODES AND SUPPLIES FOR THE RIGHT ELBOW. The RFA was not provided. Physical examination dated 11/18/14 reveals mild swelling and tenderness over the right medial epicondyle, mild radial tunnel and lateral epicondylar tenderness on the right, and mild pisotriquetral tenderness on the right. Provider also notes positive Tinel's sign over the ulnar nerve on the right wrist. The patient is currently prescribed Tramadol. Diagnostic imaging was not included. Patient is currently advised to return to work ASAP with restrictions. MTUS Chronic Pain Medical Treatment Guidelines, pg114-121, Criteria for the use of TENS states A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the provider is requesting a TENS unit for this patient's continuing post-operative wrist pain. However, there is no documentation of an intent to perform a 30-day trial or any indication that a TENS unit worked in the past. Were the request for a 30 day trial of the unit, the recommendation would be for approval. Since it is not specified if this is to be a 30 day rental or a purchase, and there is no evidence of a successful 30 day trial performed previously, the request as written cannot be substantiated. Therefore, the request IS NOT medically necessary.