

Case Number:	CM15-0053142		
Date Assigned:	03/26/2015	Date of Injury:	12/08/2014
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/20/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55 year old female, who sustained an industrial injury on 12/08/2014. She reported the development of pain to the right arm secondary to repetitive daily work activity of using manual force on a cranking system to move a rack. The injured worker was diagnosed as having right lateral epicondylitis and lumbar spondylosis without myelopathy. Treatment to date has included physical therapy, cortisone injection to the right elbow, and home exercise program. In a progress note dated 01/13/2015 the treating provider reports complaints of frequent, moderate, sharp pain to the right elbow and intermittent, slight to moderate, throbbing pain to the lumbar spine. The treating physician requested a one month home based trial of a neurostimulator transcutaneous electrical nerve stimulation(TEN) electrical muscle stimulation unit (EMS) as noted on the request from 01/13/2015 for neuropathic pain, but the progress note from 01/13/2015 noted a request for a multi-interferential stimulator for one month rental to decrease pain and muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month home based trial TENS EMS unit right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The injured worker sustained a work related injury on 12/08/2014. The medical records provided indicate the diagnosis of right lateral epicondylitis and lumbar spondylosis without myelopathy. Treatment to date has included physical therapy, cortisone injection to the right elbow, and home exercise program. The medical records provided for review do not indicate a medical necessity for 1 month home based trial TENS EMS unit right elbow. The MTUS does not recommend TENS unit as primary treatment modality, but recommends that a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for treatment of neuropathic pain, Complex Regional Syndrome 11, Spasticity, and Multiple Sclerosis. The records reviewed do not indicate the injured worker is engaged in a functional restoration program. Therefore, the request is not medically necessary.