

Case Number:	CM15-0053559		
Date Assigned:	04/10/2015	Date of Injury:	06/11/2014
Decision Date:	05/26/2015	UR Denial Date:	03/12/2015
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: 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 43-year-old, female who sustained a work related injury on 6/11/14. The diagnoses have included bilateral elbow strain/sprain, right elbow contusion and clinical epicondylitis. Treatments have included medications, acupuncture treatments, physical therapy, participation in a functional restoration program and x-rays. In the PR-2 dated 1/15/15, the injured worker complains of pain in both elbows. She rates the pain a 7/10 with activities and a 5/10 at rest. She has decreased range of motion in both elbows. She has tenderness over both elbows over lateral epicondyles. The treatment plan is to re-request for a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month Trial Neurostimulator TENS/EMS Unit: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

Decision rationale: Specified criteria for the use of TENS Unit include trial in adjunct to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has continued symptoms despite having received conservative medical treatment to include chronic analgesics and other medication, extensive therapy, activity modifications, and physical therapy has remained symptomatic and functionally impaired. Although there is no documentation on how or what TENS unit is requested, nor is there any documented short-term or long-term goals of treatment with the TENS unit, a 30 day trial use is indicated to assist in the patients recovery process. The 1 Month Trial Neurostimulator TENS/EMS Unit is medically necessary and appropriate.