

Case Number:	CM15-0080696		
Date Assigned:	05/01/2015	Date of Injury:	12/11/2012
Decision Date:	06/01/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/27/2015

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 66 year old female, who sustained an industrial injury on December 11, 2012. She was diagnosed with cervical disc disease and stenosis, bilateral shoulder impingement syndrome and partial rotator cuff tear, epicondylitis, tenosynovitis and radial ulnar joint inflammation. Treatment included Electromyography studies, Magnetic Resonance Imaging of the left wrist, steroid injections, shoulder surgery, physical therapy, muscle relaxants and pain management. Currently, the injured worker complained of persistent pain in the neck and both arms. The treatment plan that was requested for authorization included a purchase of a four lead transcutaneous electrical stimulation unit with purchase of a conductive garment and an elbow pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of four lead TENS unit with purchase of a conductive garment: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction 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 received extensive conservative medical treatment to include chronic opiate analgesics and other medication, physical therapy, epidural steroid injection, activity modifications/rest, yet the patient has remained symptomatic and functionally impaired. There is no documentation what functional improvement from the treatment trial, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from any TENS treatment already rendered for purchase. The Purchase of four lead TENS unit with purchase of a conductive garment is not medically necessary and appropriate.

Elbow pad: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow Chapter, Splinting (padding), page 128.

Decision rationale: Per guidelines, splinting and padding is recommended for cubital tunnel syndrome or ulnar nerve entrapment, and is to be worn daily and at night, limiting movement, possibly protecting and reducing irritation from hard surfaces; however, remains under study for use with epicondylitis as no definitive conclusions can be drawn concerning effectiveness of standard braces or splints for lateral epicondylitis. Submitted report has not adequately identified clear clinical findings of current acute cubital tunnel entrapment nor its functional benefit or pain relief from previous use of elbow pad for current request. The Elbow pad is not medically necessary and appropriate.