

Case Number:	CM15-0082615		
Date Assigned:	05/05/2015	Date of Injury:	07/08/2014
Decision Date:	06/17/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/29/2015

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, Hawaii
 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 an industrial injury on 07/08/2014. She reported injury to both upper extremities. The injured worker was diagnosed as having bilateral elbow lateral epicondylitis and bilateral carpal tunnel syndrome. Treatment to date has included medications, electrodiagnostic testing and physical therapy. Electrodiagnostic testing showed evidence of bilateral median nerve entrapment at the wrist affecting the sensory fibers with findings worse on the right. According to the most recent progress report submitted for review and dated 01/22/2015, symptoms were not addressed. Physical examination demonstrated positive pain over bilateral lateral epicondyles, more painful on the left than on the right. Diagnoses included right upper extremity overuse syndrome, left upper extremity overuse syndrome, rule out right carpal tunnel syndrome, rule out left carpal tunnel syndrome, left elbow sprain/strain, right elbow sprain/strain, rule out left elbow internal derangement and rule out right elbow internal derangement. Treatment plan included electromyography of the bilateral upper extremities, MRI of the bilateral elbow to rule out bilateral lateral epicondylitis, forearm braces, TENS unit, anti-inflammatories, pain medication and medications to minimize again gastritis. Currently under review is the request for retrospective purchase of a TENS unit for the bilateral wrists with date of service 02/04/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: purchase of a TENS unit for the bilateral wrists with date of service 02/04/2015:
Upheld

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

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

Decision rationale: The patient presents with pain affecting the bilateral lateral epicondyles. The current request is for Retro: purchase of a TENS unit for the bilateral wrists with date of service 02/04/15. The treating physician report dated 1/22/15 (46B) states, "She should be given a TENS unit." Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. There is no evidence in the documents provided that shows the patient has previously been prescribed a TENS unit for a one month trial as indicated by MTUS. Furthermore, while a one month trial would be reasonable and within the MTUS guidelines, the request for the purchase of a TENS unit without documentation of functional improvement is not supported. The current request does not satisfy MTUS guidelines as outlined on page 114. The request is not medically necessary. Recommendation is for denial.