

<b>Case Number:</b>	CM15-0234733		
<b>Date Assigned:</b>	12/10/2015	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	01/13/2016	<b>UR Denial Date:</b>	11/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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-work injury on 7-12-12. A review of the medical records indicates that the injured worker is undergoing treatment for right lateral epicondylitis with tearing of the common extender tendon, compensatory left wrist pain and left lateral epicondylitis, and chronic pain. Treatment to date has included pain medication Ibuprofen, heat, ice, physical-occupational therapy at least 20 sessions with benefit, bracing, acupuncture with no benefit, cortisone injection with benefit for a few days, hand surgeon consult, Transcutaneous electrical nerve stimulation (TENS) and other modalities. Medical records dated 11-16-15 indicate that the injured worker reports improved right elbow pain, however worsened left elbow pain. She rates the pain 8 out of 10 on the pain scale in the left elbow and she is having difficulty lifting greater than a gallon of milk. The pain is increased since the last visit that was rated 1 out of 10. The pain is aggravated by holding, grasping, typing and keyboarding. Per the treating physician report dated 8-4-15 the injured worker was released to modified work but in the medical record dated 11-16-15 it is noted that she has been let go from her job and is currently looking for work. The physical exam dated 11-16-15 reveals that the left elbow has swelling over the lateral epicondyle with tenderness and pain over the extensor tendons as well as increase in lateral pain with resisted wrist extension. The physician indicates that she is not a surgical candidate. She has tried anti-inflammatories and ice with little benefit. The physician indicates that she will trial transcutaneous electrical nerve stimulation (TENS) to help with the pain. The request for authorization date was 11-16-15 and requested service

included Trial of TENS unit for left elbow, 30 day rental. The original Utilization review dated 11-26-15 non-certified the request for Trial of TENS unit for left elbow, 30 day rental.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Trial of TENS unit for left elbow, 30 day rental:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation) Not recommended as a primary treatment modality, but 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 the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness.(Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. In addition there must be a 30 day trial with objective measurements of improvement. These criteria have been met in the review of the provided clinical documentation for the treatment of the patient's elbow and wrist pain and the request is medically necessary.