

Case Number:	CM14-0123004		
Date Assigned:	08/08/2014	Date of Injury:	07/18/2013
Decision Date:	10/08/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53-year-old male who has submitted a claim for pain in soft tissues of limb associated with an industrial injury date of 07/18/2013. Medical records from 07/25/2014 to 07/17/2014 were reviewed and showed that patient complained of residual discomfort and stiffness in his right elbow. Physical examination revealed no soft tissue swelling, mild persistent tenderness over the common extensor origin, and right elbow extension lag of 5 degrees. Treatment to date has included right lateral common extensor origin release (03/07/2014), unspecified visits of ongoing postoperative physical therapy (07/17/2014), and pain medications. Utilization review dated 06/30/2014 denied the request for TENS unit because there was no evidence of postoperative therapy to address rehabilitation following surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electric nerve stimulator) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM-www.acoempracguides.org : Chronic Pain; Table 2, Summary of Recommendations, Chronic Pin Disorders

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, TENS is not recommended as a primary treatment modality. A trial of one-month home-based TENS may be considered as a noninvasive conservative option. It should be used as an adjunct to a program of evidence-based functional restoration. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial period. In this case, the patient had recent right elbow surgery (03/07/2014) with ongoing postoperative physical therapy (07/17/2014). A trial of one-month TENS treatment as an adjunct to rehabilitation would be reasonable for the patient. However, the request failed to specify if TENS treatment was for trial. The request did not specify if the device was for rental or for purchase. Furthermore, the request failed to indicate the body part to be treated. The request is incomplete. Therefore, the request for TENS (transcutaneous electric nerve stimulator) Unit is not medically necessary.