

Case Number:	CM14-0123989		
Date Assigned:	08/11/2014	Date of Injury:	09/14/2010
Decision Date:	09/29/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/05/2014

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 Occupational Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 45-year-old with a September 4, 2010 date of injury, and status post right elbow epicondylectomy. At the time of request for authorization for Home therapy with TENS (transcutaneous electrical nerve stimulation) unit, there is documentation of subjective (ongoing pain and discomfort; right elbow pain that is improving with treatment) and objective (mild pain with cervical spine range of motion, paravertebral muscle spasms, positive cervical distraction and shoulder depression test; positive medial epicondyle right, lateral epicondyle left, 4/5 muscle strength elbow flexion and extension, forearm supination and pronation, positive resisted flexion and extension test, valgus and varus stress test; 4/5 muscle strength right wrist extension, dorsiflexion, palmar flexion, ulnar and radial deviation, positive right Phalen's and Tinel's) findings, current diagnoses (carpal tunnel syndrome, lateral epicondylitis, elbow sprain/strain, and neck sprain/strain), and treatment to date (medications, activity modification, home therapy, and elbow strap). There is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home therapy with a transcutaneous electrical nerve stimulation (TENS) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 1113-117.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, lateral epicondylitis, elbow sprain/strain, and neck sprain/strain. In addition, there is documentation of pain of at least three months duration and evidence that other appropriate pain modalities have been tried (including medication) and failed. However, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS. Therefore, based on guidelines and a review of the evidence, the request for home therapy with a TENS unit is not medically necessary or appropriate.