

<b>Case Number:</b>	CM14-0127692		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 53-year-old male, who reported an injury due to heavy lifting on 03/26/2013. On 06/19/2014, his diagnoses included left lateral epicondylitis and diabetes mellitus. The recommendations and treatment plan included to continue a forearm splint to minimize pronation and supination, to keep tight control over his sugars, to continue his medications as needed, and that since his pain was mild and episodic, surgery was not suggested, unless his pain increased significantly. There was no Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Prime Dual TENS Unit, 6 month rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 26, 265. Decision based on Non-MTUS Citation Official Disability Guidelines: Elbow Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** The MTUS Guidelines recommend TENS units as being not recommended as a primary treatment modality, but a 1 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 in neuropathic pain, phantom limb pain, CRPS 2, spasticity, and multiple sclerosis. There was no evidence in the submitted documentation of this injured worker having any of the above diagnoses. Additionally, the body part or parts on which this unit was to have been used was not included in the request. Furthermore, stimulation parameters and time frames were not specified in the request. The need for a TENS unit was not clearly demonstrated in the submitted documentation. Therefore, this request is not medically necessary.

**Retrospective Elbow Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines: Elbow Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 28.

**Decision rationale:** The ACOEM Guidelines recommend that braces are low cost, have few side effects, and are noninvasive. Brace treatment might be useful as initial therapy. Combination therapy has no additional advantage compared to physical therapy but is superior to brace only for the short term of 6 weeks. Thus, while there is insufficient evidence to support their use, they are recommended. This request did not include the side of the body that the brace was to have been worn on, nor did it specify frequency of application. Furthermore, the request did not specify whether this was a custom made or over the counter brace. The need for an elbow brace was not clearly demonstrated in the submitted documentation. Therefore, this request for Elbow Brace is not medically necessary.