

<b>Case Number:</b>	CM14-0129835		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	06/04/2012
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 & Rehabilitation 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:

This is a 39-year-old female with a 6/4/12 date of injury. A specific mechanism of injury was not described. According to a progress report dated 7/22/14, the patient complained of chronic bilateral elbow pain with swelling. His pain level was rated at a 6/10. Chiropractic treatment has been beneficial, at this visit, 8 more visits have been requested. Objective findings: slight swelling of right and left elbows, limited ROM of right and left elbows. Diagnostic impression: bilateral upper extremity overuse syndrome, bilateral lateral epicondylitis. Treatment to date: medication management, activity modification, chiropractic care. A UR decision dated 7/30/14 denied the requests for chiropractic treatment and TENS unit. Guidelines do not support manipulation for the elbows. Additionally, the medical records do not provide current clinical findings supporting functional improvement from the previous course of chiropractic care. Regarding TENS unit, as noted in the references, a TENS may be considered in patients with neuropathic pain, CRPS, phantom limb pain, spasticity in spinal cord injury, and multiple sclerosis. The medical records do not document the patient having any of these conditions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIRO;;** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter

**Decision rationale:** ODG states that insufficient evidence exists to evaluate many physical modalities, including manipulation, used to treat disorders of the elbow, often employed based on anecdotal or case reports alone. In general, if approved on a limited basis, it would not be advisable to use these modalities beyond 2-3 visits if signs of objective progress towards pain reduction VAS greater than 4 change and returning to regular work is demonstrated. It is documented that the patient has had prior chiropractic treatment with benefit. However, there is no documentation of significant pain reduction in terms of VAS scores. In addition, there is no documentation of improvement in activities of daily living. Therefore, the request for Chiro was not medically necessary.

**TENS UNIT;:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In the reports reviewed, there is no documentation of failure of conservative therapy, such as medications. In addition, the short- and long-term goals of treatment were not discussed. Therefore, the request for TENS unit was not medically necessary.