

Case Number:	CM14-0166614		
Date Assigned:	10/13/2014	Date of Injury:	03/06/2014
Decision Date:	11/13/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/09/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 39 year old female with date of injury 3/6/14. The treating physician hand written report dated 9/8/14 indicates that the patient presents with right elbow pain. The physical examination findings reveal tenderness affecting the right elbow and hand. MRI dated 8/25/14 of the right hand is unremarkable. The current diagnoses are: 1. Right elbow epicondylitis 2. Rule out metacarpal arthritis. The utilization review report dated 9/15/14 denied the request for purchase of a prime dual TENS - EMS unit with supplies based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a ████████ Dual TENS/EMS Unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 114.

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

Decision rationale: The patient presents with chronic right elbow and hand pain. The current request is for Purchase of a Prime Dual TENS/EMS Unit with supplies. The treating physician does not document that the patient has had a trial of a TENS unit or a neuromuscular electrical

stimulation (NMES) unit. The MTUS guidelines do support a trial of TENS unit for home usage for patients with neuropathy. MTUS does not support NMES usage for the treatment of chronic pain. In this case the treating physician has provided very little information in the hand written report. The MTUS guidelines can provide support for a TENS unit trial with proper documentation which is not found in the reports provided. Moreover, the request is for a dual unit, of which EMS or electrical muscle stimulator, also known as neuromuscular electrical stimulation NMES is specifically not recommended for chronic pain per MTUS. The request is not medically necessary.