

Case Number:	CM14-0213832		
Date Assigned:	12/31/2014	Date of Injury:	04/28/2012
Decision Date:	03/30/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male, who sustained an industrial injury on 04/28/2012. He has reported subsequent neck, wrist, ankle and elbow pain and was diagnosed with medial epicondylitis, Achilles tendinitis and cervicgia. Treatment to date has included a home exercise program, pain medication, physical therapy, chiropractic therapy and acupuncture. In a progress note dated 10/05/2014, the injured worker complained of bilateral arm pain, most prevalent at the elbows and wrists that was rated as 5/10. Objective physical examination findings were notable for mild posterior cervical tenderness, mild to moderate tenderness in the medical epicondyle area, mild tenderness of the wrists bilaterally and mild weakness of both hands. A request for authorization of TENS unit was made. On 11/10/2014, Utilization Review non-certified a request for TENS unit noting that the injured worker's successful usage of medications obviated the need for TENS unit. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

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

Decision rationale: Based on the 11/25/14 progress report provided by treating physician, the patient presents with neck pain rated 7/10. The request is for TENS UNIT FOR HOME USE. Per treater report dated 10/06/14, the patient is status post right ankle surgery August 2014. Patient's diagnosis per Request for Authorization form dated 10/06/14 included medial epicondylitis and cervicalgia for TENS unit trial. Patient may return to modified work. Progress report with the request has not been provided. According to MTUS Chronic Pain Management Guidelines the criteria for use of TENS in chronic intractable pain (p116) "a one month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial." Treater has not provided reason for the request. There is no record that patient has trialed a TENS unit in the past, and a trial would be indicated. However, treater has not indicated what body part would be treated. MTUS requires documentation of one month prior to dispensing home units. Furthermore, patient does not present with an indication for TENS unit. MTUS supports units for neuropathic pain, spasticity, MS, phantom pain and others. The request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.