

Case Number:	CM14-0215912		
Date Assigned:	01/02/2015	Date of Injury:	08/13/2012
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/22/2014

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 male patient who sustained an injury on 8/13/2012. He sustained the injury due to a fall off a 20 feet ladder. The current diagnoses include status post right elbow open reduction and internal fixation, contracture, right wrist flexion contracture and right shoulder rotator cuff syndrome and labral tear. Per the doctor's note dated 11/25/2014, he had complaints of right elbow pain and paresthesia, right shoulder pain and right wrist pain. Pain decreased from 5-6/10 to 4/10 with TENS unit. The physical examination revealed decreased rotator cuff strength of right shoulder, tenderness over the medial and lateral epicondyle of right elbow and decreased range of motion; keloid formation over the volar aspect of the right wrist. The medications list includes tylenol and relafen. He has had multiple diagnostic studies including right shoulder MRI on 9/19/2012; EMG/NCS right upper extremity dated 4/24/2013 with normal findings; CT of the right elbow on 6/1/2013. He has undergone right elbow surgery on 8/13/2013 and second right elbow surgery on 9/3/2013. He has had physical therapy, acupuncture visits and TENS for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS (transcutaneous electrical nerve stimulation) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

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

Decision rationale: Request: Purchase of TENS (transcutaneous electrical nerve stimulation) unit. According to the cited guidelines, TENS is not recommended as a primary treatment modality, but a one-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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness.

Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Per the MTUS chronic pain guidelines, there is no high grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. Cited guidelines do not recommend TENS for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. In addition, patient has minimal improvement- decreased pain from 5-6/10 to 4/10 with TENS unit.

Response to TENS in terms of significant decreased pain and medications need and increased functional improvement is not specified in the records provided. The medical necessity of Purchase of TENS (transcutaneous electrical nerve stimulation) unit is not established for this patient.