

Case Number:	CM15-0117859		
Date Assigned:	06/26/2015	Date of Injury:	04/08/2011
Decision Date:	07/27/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, 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 55-year-old male sustained an industrial injury to the left elbow and wrist on 4/8/11. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, bracing, hot and cold wrap, transcutaneous electrical nerve stimulator unit and medications. In a follow-up evaluation dated 5/28/15, the injured worker complained of persistent left elbow pain with numbness, tingling, and shooting pain to the wrist with weakness to grip strength and difficulty with gripping and grasping. The physician noted that magnetic resonance imaging of the wrist showed a complete tear of the radial attachment of the triangular fibrocartilage complex ligament with carpometacarpal joint inflammation. The injured worker was scheduled to undergo left elbow surgery on 6/25/15. Physical exam was remarkable for tenderness to palpation along the medial and lateral epicondyle of the left elbow as well as tenderness to palpation along the left wrist triangular fibrocartilage ligament and ulnar collateral ligament. Current diagnoses included shoulder sprain/strain, left epicondylitis and wrist joint inflammation. The treatment plan included continuing medications (Tramadol, Naproxen Sodium, AcipHex, Flexeril and Neurontin) and requesting a hot and cold wrap, a soft and rigid brace for the left elbow, elbow pads and a four lead transcutaneous electrical nerve stimulator unit with conductive garment for the elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four lead TENS (Transcutaneous Electrical Nerve Stimulation) unit, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. Prior use of a TENS in April 2015 was noted not to work as well as the claimant would like. Length of prior use was not specified. The request for a TENS unit is not medically necessary.

Conductive garment, quantity: 1: 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 TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. Prior use of a TENS in April 2015 was noted not to work as well as the claimant would like. Length of prior use was not specified. The request for a TENS unit is not medically necessary and therefore the conductive garment is not medically necessary.