

Case Number:	CM15-0177354		
Date Assigned:	09/18/2015	Date of Injury:	12/07/2013
Decision Date:	11/03/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/09/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 40 year old female, who sustained an industrial injury on 12-7-13. The documentation on 4-27-15 noted that the injured worker has complaints of left elbow pain. The injured worker reports she is taking the maximum dose of percocet daily and it helps her a little bit. The injured worker complains of mechanical symptoms, clicking and catching.

Computerized tomography (CT) scan on 4-10-15 revealed the injured worker has flattened area of capitellum. The panel Qualified Medical Examiner done on 6-3-15 noted left shoulder examination revealed active range of motion, flexion is 160 degrees, abduction 160 degrees, internal rotation to T12. Left elbow examination revealed range of motion is 0 to 130 degrees, pronation is 70 degrees and supination is 70 degrees. Palpation reveals tenderness over the medial and lateral epicondyles. Elbow flexion and extension is 4 out of 5 and pronation and supination is 5 out of 5. Left elbow X-rays demonstrate bone density is normal the radial humeral and ulnar humeral articulation is normal and bone alignment is normal.

Electromyography and nerve conduction study on bilateral upper extremity dated 4-13-15 was interpreted as normal. Left elbow X-ray dated 4-10-15 showed no osseous abnormality.

Electromyography and nerve conduction study of the bilateral extremities dated 3-6-15 were within normal limits. Magnetic resonance imaging (MRI) of the left elbow dated 2-17-14 showed partial thickness interstitial longitudinal tear common extensor origin, no loose bodies seen. The diagnoses have included contusion and osteochondral injury, capitellum, left.

Treatment to date has included arthroplasty left elbow on 7-10-14; failed physical therapy; visco supplementation; cortisone injections; amitriptyline; paroxetine and oxycodone. The original utilization review (8-28-15) non-certified the request for transcutaneous electrical nerve stimulation unit, 2 electrodes, purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit, 2 electrodes, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, TENS chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: MTUS states regarding TENS unit, "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." For pain, MTUS and ODG recommend TENS (with caveats) for neuropathic pain, phantom limb pain and CRPSII, spasticity, and multiple sclerosis. The medical records do not indicate any of the previous conditions. ODG further outlines recommendations for specific body parts: Low back: Not recommended as an isolated intervention, Knee: Recommended as an option for osteoarthritis as adjunct treatment to a therapeutic exercise program, Neck: Not recommended as a primary treatment modality for use in whiplash-associated disorders, acute mechanical neck disease or chronic neck disorders with radicular findings, Ankle and foot: Not recommended, Elbow: Not recommended, Forearm, Wrist and Hand: Not recommended, Shoulder: Recommended for post-stroke rehabilitation. Medical records do not indicate conditions of the low back, knee, neck, ankle, elbow, or shoulders that meet guidelines. Of note, medical records do not indicate knee osteoarthritis. ODG further details criteria for the use of TENS for Chronic intractable pain (for the conditions noted above): (1) Documentation of pain of at least three months duration; (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed; (3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing 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; rental would be preferred over purchase during this trial; (4) Other ongoing pain treatment should also be documented during the trial period including medication usage; (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted; (6) After a successful 1- month trial, continued TENS treatment may be recommended if the physician documents that the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. At this point purchase would be preferred over rental.; (7) Use for acute pain (less than three months duration) other than post-operative pain is not recommended.; (8) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. The medical records do not satisfy the several criteria for selection specifically, lack of documented 1-month trial, lack of documented short-long term treatment goals with TENS unit, and unit use for acute (less than three months) pain. As such, the request for TENS (transcutaneous electrical nerve stimulation) unit, 2 electrodes, purchase is not medically necessary.