

Case Number:	CM15-0063098		
Date Assigned:	05/15/2015	Date of Injury:	08/21/2002
Decision Date:	06/12/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/02/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 62 year old female patient who sustained an industrial injury on 08/21/2002. A primary treating office visit dated 10/28/2014 reported the chief complaint of bilateral elbows and right shoulder pain. The pain is rated a 6 out of 10 in intensity and is made better with rest. The pain is made worse with repetitive movements and she now states that her right elbow is hurting on the lateral aspect. Overall, she reports being better after the surgery. Her right shoulder does bother her, but she is with improved motion. Objective findings showed positive tenderness to palpation of olecranon bursa and extensor musculature. There is also positive tenderness at the lateral deltoid. She is diagnosed with right ulnar nerve neuropathy, post ulnar nerve transposition on 08/15/2014, right shoulder status post rotator cuff repair and subsequent debridement of arthrofibrosis. The plan of care noted the patient continuing with home exercise program, and stretching of right elbow, participate in a course of physical therapy and follow up in 4 weeks. A more recent office visit dated 04/27/2015 reported the treating diagnoses as: lesion of ulnar nerve, injury to median nerve, complete rupture of rotator cuff, and lateral epicondylitis. The plan of care involved the use of a transcutaneous nerve stimulator unit and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 173-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS Unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one TENS unit is not medically necessary. "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living". TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are right ulnar nerve neuropathy; status post revision right ulnar nerve transposition August 15, 2014; right shoulder rotator cuff tear: right shoulder status post rotator cuff repair and debridement for right shoulder arthrofibrosis; bilateral upper extremity extensor tendinitis; left ulnar neuropathy with possible cubital tunnel syndrome. According to a progress note dated March 17, 2015, the injured worker is six months status post ulnar nerve transposition. The injured worker was receiving physical therapy, Tramadol and Voltaren gel. The treating provider requested a two-week trial of TENS. The guidelines recommend a four-week TENS trial with documentation. The guidelines do not recommend TENS to the forearm, wrist and hand. The documentation is nonspecific as to the regional body part to be treated. There is a TENS prescription for TENS use three times per day five days a week. The specific location is not documented but the diagnoses suggest the wrist. Consequently, absent guideline recommendations for TENS use to the forearm, wrist and hand, a recommended clinical trial of four weeks with appropriate documentation and documentation of failed conservative treatment, one TENS unit is not medically necessary.