

Case Number:	CM15-0064396		
Date Assigned:	04/10/2015	Date of Injury:	02/23/2012
Decision Date:	05/14/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/06/2015

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

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:

The injured worker is a 41 year old male, who sustained an industrial injury on 2/23/12. He reported left elbow pain. The injured worker was diagnosed as having left elbow pain, status post left elbow surgery and NSAID induced gastritis. Treatment to date has included physical therapy, left elbow surgery, oral medications and home exercise program. Currently, the injured worker complains of left elbow pain 5-7/10, improved with medication. Physical exam noted tenderness to palpation over lateral epicondyle and surgical scar. The treatment plan included a trial of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Electrodes x2 Pair x2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical stimulation Page(s): 114-116.

Decision rationale: This patient receives treatment for chronic elbow pain. The patient was injured at work with a date of injury of 02/23/2012. The patient underwent left elbow surgery, but despite that, the pain persists. The patient received physical therapy and multiple medications. This review addresses a request for TENS treatment. TENS is not recommended for all types of chronic pain. TENS has been found to be useful for some cases of CRPS II, neuropathic pain, multiple sclerosis, spasticity from injuries of the spinal cord, and phantom limb pain. TENS may be medically indicated to treat some cases of chronic pain, as long as it is not the primary method of treatment and there is evidence of a one month trial of the TENS unit which shows benefit. The documentation must show evidence that the trial of the TENS unit resulted in functional improvement. This means a clinically significant improvement in the activities of daily living, a decrease in work restrictions, and a decrease in dependency on continued medical management, including requests for analgesia. This clinical data should be objective, quantifiable, and stated in the history and physical exam portion of the medical documentation. The treating physician's treatment plan needs to include the short-term and long-term treatment goals of the TENS unit. Based on the documentation of the diagnosis and the lack of documentation of a functional benefit, a TENS unit is not medically necessary.