

Case Number:	CM15-0064439		
Date Assigned:	04/10/2015	Date of Injury:	02/23/2012
Decision Date:	05/11/2015	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: 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:

The injured worker is a 41 year old male who sustained an industrial lifting injury to his left elbow on February 23, 2012. The injured worker was diagnosed with left elbow pain. The injured worker underwent an epicondylar release on the left elbow on January 13, 2014. Treatment to date has included conservative measures, diagnostic testing, chiropractic therapy, cortisone injections, occupational therapy, home exercise program, surgery, Toradol injections and medications. According to the primary treating physician's progress report on March 2, 2015, the injured worker continues to experience pain in the left elbow with stretching and movement. The injured worker also complained of heartburn. Examination of the left elbow demonstrated decreased extension, swelling and tenderness to palpation. Current medications listed are Gabapentin and Naproxen. Treatment plan consists of Omeprazole for heartburn; dispense an elbow band/strap, demonstrated elbow exercises, given educational material and the current retrospective request for a transcutaneous electrical nerve stimulation (TEN's) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective transcutaneous electrical nerve stimulation (TENS) unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

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. The length of use was not specified. The claimant had previously used a TENS for unknown length of time or frequency. Specific benefit or improvement in function was not outlined. The request for a TENS unit purchase would imply indefinite use which is not indicated and not medically necessary.