

Case Number:	CM14-0108690		
Date Assigned:	09/16/2014	Date of Injury:	11/07/2005
Decision Date:	11/19/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/14/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55 year old male who was injured on 11/07/2005. The mechanism of injury is unknown. The patient underwent left elbow open debridement of the lateral epicondyle with repair of common extensor tendon and partial ostectomy of the lateral epicondyle on 01/03/2014. He completed a prescribed round of physical therapy following his surgery. Progress noted dated 03/06/2014 noted the patient reported over improvement in range of motion, pain, and swelling. Range of motion recorded as 0 to 130 degrees. Strength 4/5 with mild pain with flexion of the common extensor tendon. The patient was advised to continue PT and home exercises. A prescription was written on 06/05/2014 for GSM HD Combo Tens W/Han Programs And Supplies; 4 Lead/Electrode. Additionally, A4556 Electrodes 8 pairs per mo., A4630 Batteries 6 units per mo." were requested. Cited previous treatments included "PHYSICAL THERAPY." No prior successful trial of TENS unit was documented. 06/09/2014 progress note indicated the patient continued to complain of some pain with wrist extension. He was reportedly improved. Extension to 0 degrees, flexion to 130 degrees, pronation and supination both to 90 degrees were recorded. 1+ pain with wrist extension noted. It was recommended he continue his home exercise program, and follow-up as needed. On note dated 06/10/2014, the patient presented with complaints of minimal pain in the lateral epicondylar region of his left elbow. On exam, the left elbow extension was 0 degrees; flexion was 140; supination 90; pronation 90; and motor strength was 5/5 in all planes. Grip strength was not performed secondary to pain with forceful grip strength activities. The patient was diagnosed with left elbow lateral epicondylitis. Prior utilization review dated 06/18/2014 states the request for Electrodes 8 Pairs per Month; GSM HD Combo Tens Unit with Han for Purchase; Batteries (AAA) 6 Units per Month is denied as there were no pertinent subjective and objective findings documented in the medical records submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodes 8 Pairs per Month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, TENS

Decision rationale: The Medical Utilization Treatment Schedule (MTUS), discusses transcutaneous electrical nerve stimulation (TENS) as well as other modes of transcutaneous electrotherapy within the Chronic Pain Medical Treatment Guidelines. Regarding TENS, the MTUS notes that it is not recommended as a primary treatment modality; however it is indicated as an adjunct in pain treatment for chronic neuropathic pain as well as other types of chronic intractable pain. MTUS recommends a 1-month trial first. The Official Disability Guidelines (ODG) also recommends starting with a 1-month trial. Specifically, TENS is noted to potentially be of some use in neuropathic pain, phantom limb pain, and CRPS. MTUS guidelines recommend TENS for post-operative pain for 30 days or less post-operatively For chronic intractable pain, a month-long trial is recommended. For chronic intractable pain, MTUS guidelines specify pain must be documented as being present for 3-months or longer, and documentation of a successful one-month trial is required. This documentation should include frequency of use, as well as outcomes of pain relief and function. A 12-lead unit is typically recommended; if a 4-lead unit is recommended, there must be specific documentation of why this is necessary. Medical records fail to document why a TENS unit is being recommended for this patient. As he is greater than 30-days post-operative, he does not meet guidelines for post operative pain. As there is no documentation of prior successful month-long TENS trial, he does not meet criteria for chronic intractable pain. There is no documentation to support the presence of neuropathic pain or CRPS. Based on the MTUS and ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

GSM HD Combo Tens Unit with Han For Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, TENS

Decision rationale: The Medical Utilization Treatment Schedule (MTUS), discusses transcutaneous electrical nerve stimulation (TENS) as well as other modes of transcutaneous electrotherapy within the Chronic Pain Medical Treatment Guidelines. Regarding TENS, the

MTUS notes that it is not recommended as a primary treatment modality; however it is indicated as an adjunct in pain treatment for chronic neuropathic pain as well as other types of chronic intractable pain. MTUS recommends a 1-month trial first. The Official Disability Guidelines (ODG) also recommends starting with a 1-month trial. Specifically, TENS is noted to potentially be of some use in neuropathic pain, phantom limb pain, and CRPS. MTUS guidelines recommend TENS for post-operative pain for 30 days or less post-operatively. For chronic intractable pain, a month-long trial is recommended. For chronic intractable pain, MTUS guidelines specify pain must be documented as being present for 3-months or longer, and documentation of a successful one-month trial is required. This documentation should include frequency of use, as well as outcomes of pain relief and function. A 12-lead unit is typically recommended; if a 4-lead unit is recommended, there must be specific documentation of why this is necessary. As the request for the TENS unit was deemed not medically necessary based on the MTUS and ODG guidelines and criteria as well as the clinical documentation stated above, and given that the requested electrodes are supplies for the TENS unit, the request for 8 electrode pairs per month is not medically necessary.

Batteries (AAA) 6 Units per Month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, TENS

Decision rationale: The The Medical Utilization Treatment Schedule (MTUS), discusses transcutaneous electrical nerve stimulation (TENS) as well as other modes of transcutaneous electrotherapy within the Chronic Pain Medical Treatment Guidelines. Regarding TENS, the MTUS notes that it is not recommended as a primary treatment modality; however it is indicated as an adjunct in pain treatment for chronic neuropathic pain as well as other types of chronic intractable pain. MTUS recommends a 1-month trial first. The Official Disability Guidelines (ODG) also recommends starting with a 1-month trial. Specifically, TENS is noted to potentially be of some use in neuropathic pain, phantom limb pain, and CRPS. MTUS guidelines recommend TENS for post-operative pain for 30 days or less post-operatively. For chronic intractable pain, a month-long trial is recommended. For chronic intractable pain, MTUS guidelines specify pain must be documented as being present for 3-months or longer, and documentation of a successful one-month trial is required. This documentation should include frequency of use, as well as outcomes of pain relief and function. A 12-lead unit is typically recommended; if a 4-lead unit is recommended, there must be specific documentation of why this is necessary. As the request for the TENS unit was deemed not medically necessary based on the MTUS and ODG guidelines and criteria as well as the clinical documentation stated above, and given that the requested batteries are supplies for the TENS unit, the request for batteries, 6 units per month is not medically necessary.