

Case Number:	CM14-0142261		
Date Assigned:	09/10/2014	Date of Injury:	12/07/2012
Decision Date:	10/22/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	09/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 33 year old female with complaints of left shoulder pain, left elbow pain, and bilateral wrist pain. The date of injury is 12/7/12 and the mechanism of injury is repetitive motion injury stacking rolls for her employment position which led to her current symptoms. At the time of request for TENS unit for left elbow, left shoulder and left wrist, there is subjective (pain left side shoulder/elbow and bilateral wrist pain) and objective (non-specific numbness left arm, pain throughout the left arm) findings, imaging findings (MRI elbow postoperative changes and scarring, MRI shoulder normal), diagnoses (Left shoulder impingement syndrome, s/p left lateral epicondylectomy with residual chronic pain), and treatment to date (medications, surgical decompression, physical therapy). Transcutaneous electrical nerve stimulation is generally not recommended for the treatment of chronic pain. There may be benefit for a finite duration when combined with physical therapy. A recent meta-analysis concluded that the evidence from the small number of placebo-controlled trials does not support the use of TENS in the routine management of chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for the left elbow, left shoulder and left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114-116.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic) TENS(transcutaneous electrical nerve stimulation)

Decision rationale: Per ODG treatment decision, Transcutaneous electrical nerve stimulation is generally not recommended for the treatment of chronic pain. There may be benefit for a finite duration when combined with physical therapy. A recent meta-analysis concluded that the evidence from the small number of placebo-controlled trials does not support the use of TENS in the routine management of chronic pain. Therefore, the request for TENS purchase is not medically necessary in the setting of chronic pain.