

<b>Case Number:</b>	CM13-0008475		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	07/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### 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 Texas. 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 injured worker is a 43-year-old female who reported an injury on 12/13/2012. The mechanism of injury was not stated. Current diagnosis is lateral epicondylitis of the elbow. A Primary Treating Physician's Progress Report addendum was submitted on 07/01/2013. The injured worker reported persistent pain with activity limitation. There was no physical examination provided. Treatment recommendations included the purchase of an EWL H-Wave homecare system.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME H-WAVE DEVICE PURCHASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT) Page(s): 117-118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT) Page(s): 117-121.

**Decision rationale:** California MTUS Guidelines state H-wave stimulation is not recommended as an isolated intervention but a 1 month home based trial may be considered as a noninvasive conservative option. H-wave stimulation should be used as an adjunct to a program of evidence based functional restoration and only following a failure of initially recommended conservative

care. As per the documentation submitted, there is no physical examination provided for review. Therefore, there is no documentation of neuropathic pain or chronic soft tissue inflammation. There is no indication that this injured worker is currently participating in a functional rehabilitation program. There is also no objective evidence of an improvement following a 30 day evaluation trial. Therefore, the current request cannot be determined as medically appropriate. As such, the request is noncertified.