

<b>Case Number:</b>	CM13-0019430		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	07/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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 physician 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:

Patient reported injury date of 12/18/12 with complaint of bilateral elbow pain diagnosed with lateral epicondylitis. Primary treating physician note from 12/26/12 with original diagnosis and recommend motrin. Return visits on 1/22/13 the H-wave device was prescribed. Review of patient's attestation dated 2/18/13 shows that physical therapy was done but TENS was never attempted because "it was not indicated". There is not documentation of any actual physical therapy and there is no documentation as to why TENS was not indicated. Follow up visits show improvement with the H-wave device. Utilization reviews review on 4/3/2013 and 7/10/13 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for purchase of Home H-Wave device:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): s 117-118.

**Decision rationale:** MTUS guidelines do not recommend H-wave treatment in isolation or as first line treatment. Recommendation is trial of physical therapy, medications and TENS prior to

H-wave. There is lack of documentation as to whether physical therapy was tried and there is no rational as to why TENS "was not indication". As such the request of H-Wave device purchase is not medically necessary.