

Case Number:	CM13-0019547		
Date Assigned:	10/11/2013	Date of Injury:	10/26/2010
Decision Date:	04/10/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/03/2013

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, has a subspecialty in Pain 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 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 49-year-old male who was injured on 10/26/2010, while lifting ramps, when he felt pain in his right elbow. An MRI of the right elbow (01/25/2013) showed a moderate degree of chronic lateral epicondylitis, without evidence of edema or tendon tear. An otherwise normal MRI of the right elbow. There was no evidence for stress fracture, synovitis, osteochondral injury, ligament tear or sprain. The prior treatment history has included non-steroidal anti-inflammatory drugs (NSAIDs), injections, physical therapy, chiropractic care, ultrasound, cold packs, and medications. He also used H-wave unit at home and states that after use of the H-Wave machine for pain control four to five (4-5) times per week, he is able to reach and grasp for things with his hand. He had a right elbow surgical procedure on 05/16/2013 and one (1) week after surgery, he was started on twenty-four (24) sessions of physical therapy to his right elbow. He experienced improvement. The medications include Tylenol #3 and Roxicet. An operative report, dated 05/16/2013 shows the following procedure was performed: 1) Open exploration with debridement extensor carpi radialis brevis/extensor carpi radialis longus (ERCB/ECRL) with repair, right elbow, with suture anchors right ERCB/ECRL; 2) Excision of osteophyte right elbow; and 3) Arthrotomy with debridement, synovitis, right glenohumeral joint. The postoperative evaluation on 07/09/2013 shows that the patient has excellent healing with range of motion from 5 to 125 degrees elbow flexion. The progress report, dated 08/08/2013 documented the patient with complaints of pain and exhibits impaired activities of daily living. There were objective findings after use of the home H-Wave. The patient reported a decrease in the need for oral medication due to the use of the H-Wave device. The clinic note, dated 08/19/2013 documented that the patient is three (3) months status post right elbow surgery. The objective findings on exam indicated that the patient has excellent wound healing and no signs of infection. The patient tolerates range of motion from 0 to 130 degrees of right elbow flexion. The

patient has 65 degrees of supination, 50 degrees of pronation. He has decreased hypersensitivity about the lateral elbow and has no allodynia.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). The records reviewed do not show that the patient has failed the initially recommended conservative care. He had post operative physical therapy; however, the actual therapy notes were not provided to show the patient has failed to improve.