

Case Number:	CM13-0039899		
Date Assigned:	06/06/2014	Date of Injury:	01/11/2010
Decision Date:	07/24/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/09/2013

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 Orthopedic Surgery 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 49-year-old female who reported an injury on 01/11/2010. In the clinical notes dated 08/15/2013, the injured worker was seen for her third postoperative examination of her right elbow. It was annotated that the injured worker had completed 8 sessions of physical therapy which decreased pain and increased range of motion and strength. It was also noted that a TENS unit helped decrease pain. It was also noted that the injured worker was not taking any medication for pain relief. Her prior treatments included physical therapy, surgeries, and prescribed medications. The physical examination of the right elbow revealed a healed scar and right elbow lacking slight extension. The diagnoses included status post right medial elbow flexor tendon debridement and repair; ulnar nerve release; incomplete functional rehab; and humerus/elbow - sprain elbow. The treatment plan included a request for additional physical therapy to maximize functional recovery and followup in the clinic in 6 weeks. The request for authorization form for home H-Wave device for 1 month for the right elbow was submitted on 08/14/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave device for 1 month for the right elbow: 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 (HWT) Page(s): 117.

Decision rationale: The California MTUS Guidelines state that H-Wave stimulation (HWT) is not recommended as an isolated intervention, but a 1 month home-based trial of 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In the clinical notes provided for review, it is annotated that the injured worker reported decreased pain with the use of a TENS unit and with completed sessions of physical therapy. However, it is not documented if the injured worker is participating in a home exercise program. Furthermore, the Guidelines state that H-Wave stimulation is recommended only if there is documentation of failure of recommended conservative care to include physical therapy and medications. Therefore, the request for H-Wave device for 1 month for the right elbow is not medically necessary and appropriate.