

<b>Case Number:</b>	CM13-0042209		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/24/2011
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 applicant has filed a claim for chronic elbow pain reportedly associated with an industrial injury of June 24, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and elbow epicondylar release surgery. In a Utilization Review Report of October 15, 2013, the claims administrator denied a request for an H-Wave device on the grounds that the applicant did not have neuropathic pain for which an H-Wave device could be considered. In addition to citing MTUS Guidelines, the claims administrator also cited a variety of non-MTUS Guidelines, including Colorado Guidelines, Third Edition ACOEM Guidelines, and ODG Guidelines. The applicant's attorney subsequently appealed. In an October 17, 2013 progress note, the applicant's attorney seemingly stated that operating diagnoses included contusion and fracture of the elbow, knee internal derangement, wrist pain, hip pain, and status post right elbow epicondylar release surgery. No clinical progress notes immediately surrounding that date were attached, however. On June 12, 2013, it was stated that the applicant was employing Tylenol No. 3, Naprosyn, and Motrin for pain relief. It was stated that the applicant was planning to pursue an elbow epicondylar release surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A home H-wave device for the right elbow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

**Decision rationale:** As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, a one-month trial of an H-Wave home care device can be endorsed in those applicants with chronic soft tissue inflammation and/or diabetic neuropathic pain which has proven recalcitrant to time, medications, physical therapy, home exercises, and a conventional TENS unit. In this case, however, there is no clear evidence that the applicant has in fact tried and failed each and all of the aforementioned modalities. No postoperative progress notes were provided for review. It was not clearly stated that the applicant had in fact failed analgesic medications, physical therapy, home exercise, and/or a TENS unit, either preoperatively or postoperatively. Therefore, the request remains not certified, on Independent Medical Review.