

Case Number:	CM13-0058053		
Date Assigned:	12/30/2013	Date of Injury:	07/26/2010
Decision Date:	03/31/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/26/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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:

The patient is a female with a date of birth [REDACTED] and a date of injury of 7/26/2010. The patient's diagnoses includes right medial epicondylitis and right forearm tendinitis. There is a request for the H wave unit E1399 for right medial epicondylitis and right forearm tendinitis. The patient was performing repetitive movements at her job as a microassembler and began experiencing progressive right medial and lateral epicondylitis symptoms. The patient eventually experienced milder left upper extremity symptoms. The patient had gradual onset of right arm symptoms, beginning in July 2010. In the orthopedic evaluation 3/9/13, it was stated that the patient had an x-ray of the right elbow 9/29/10, with negative results.. Treatment has included physical therapy, Voltaren gel, other pharmacological therapy, TENS (transcutaneous epidural nerve stimulation) unit, elbow injection, and avoiding work that does not include repetitive and aggravating motions. An EMG (electromyogram) was authorized but not completed. The patient stopped working and does report improvement after she stopped working. The patient is tolerating ADLs (activities of daily living) and full time school work. Physical examination on 3/9/13 reveals minimal tenderness of the right medial and lateral epicondyles. Neurological examination is intact. ROM (range of motion) is full. There is no evidence of symptom magnification.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 225, Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT); Functional Restoration Approach to Chronic Pain Management Page(s): 1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, TENS (transcutaneous epidural nerve stimulation) Section

Decision rationale: The Physician Reviewer's decision rationale: The MTUS states that the H wave can 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. H wave units are not specifically addressed in the ACOEM Elbow chapter but there is documentation that transcutaneous electrical nerve stimulation is not well-researched to have efficacy for the elbow per the ACOEM guidelines. The ODG also states that Transcutaneous electrical neurostimulation (TENS) units have no scientifically proven efficacy in the treatment of acute hand, wrist, or forearm symptoms, but are commonly used in physical therapy. The documentation submitted reveals no evidence that the H wave stimulation is being used as an adjunct to a program of evidence based functional restoration. The request for an H-Wave device is not medically necessary or appropriate.