

Case Number:	CM13-0059342		
Date Assigned:	12/30/2013	Date of Injury:	07/20/2011
Decision Date:	05/28/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	12/02/2013

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 Osteopathic Manipulative Medicine and is licensed to practice in Arizona. 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:

This is a 40-year-old female with a history of repetitive injury from October 2010 to July 20, 2011 as a result of cumulative trauma associated with performing massages and facials at a spa. Her current medical diagnosis includes lateral epicondylitis of the left elbow, left carpal tunnel syndrome and left cubital tunnel syndrome. Documented on a pain management review note dated September 13, 2013, the physical exam findings include moderately severe tenderness to palpation over the left lateral epicondylitis at the insertion of the brachioradialis tendon with associated elbow range of motion diminished upon flexion and rotation. Regarding her wrist exam, she has moderate tenderness over the medial and lateral aspects of the metacarpal, ulnar and radial joints. Lastly, the left shoulder exam is documented and showed mild to moderate tenderness over the acromioclavicular joint and overlying deltoid musculature.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section H-Wave.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 117-118.

Decision rationale: According to the MTUS guidelines, H-wave is not recommended as an isolated intervention, but a one-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 a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H- wave therapy and TENS on pain threshold found that there were no differences between the different modalities or H-Wave therapy (HWT) frequencies. Regarding tissue repair, another study suggests that low-frequency HWT may produce direct localized effects on cutaneous blood flow, a finding relevant for clinicians working in the field of tissue repair. The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. The request is for a 1 month trial of H-wave stimulation is in accordance with the MTUS guidelines. As such, the request is medically necessary and appropriate.