

Case Number:	CM13-0063274		
Date Assigned:	12/30/2013	Date of Injury:	03/21/2012
Decision Date:	04/16/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 53-year-old female who reported an injury on 03/21/2012. The mechanism of injury was not specifically stated in the medical records. Her diagnoses include left elbow tendonitis, right elbow tendonitis, cervical spine strain and bilateral shoulder tendinopathy. Her symptoms are noted to include left-sided neck pain and left upper extremity discomfort. Her physical examination findings include decreased range of motion in the cervical spine, decreased range of motion in the bilateral shoulders, positive impingement test in left shoulder, and slightly decreased range of motion in right elbow extension. A home electrotherapy recommendation, dated 11/20/2013, indicated that the patient had previously failed medication, physical therapy, and a TENS unit. It was noted that the TENS unit did not provide any objective benefits for the patient. Therefore, a recommendation was made for a trial of H-wave stimulation at home. A 12/10/2013 clinical note indicated that the patient reported her home H-wave machine was very helpful. A 12/26/2013 Patient Compliance and Outcome Report indicated that the patient reported completing 36 days of use of an H-wave unit at home with reports of decreased medication, increased activities of daily living, and decreased pain. Her percentage of improvement was noted to be 55%. She was noted to be using the unit twice a day for 30 to 45 minutes per session

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL OF H WAVE UNIT FOR 30 DAYS FOR BILATERAL ELBOWS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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

Decision rationale: According to the California MTUS Guidelines, H-wave stimulation is not recommended as an isolated intervention, but a 1 month home-based trial of H-wave stimulation may be considered 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 a TENS unit. The clinical information submitted for review indicated the patient was participating in hand therapy and she had failed previous treatment of medication, physical therapy, and a TENS unit. Therefore, a 1 month home-based trial of H-wave stimulation would be supported. However, as the clinical information submitted for review indicated that the patient previously had a home trial of an H-wave unit for at least 36 days with improvement, it is unclear why the patient would require another 30 day trial. As the request represents duplicate of therapy, it is not supported. As such, the request is non-certified.