

Case Number:	CM13-0064066		
Date Assigned:	01/03/2014	Date of Injury:	10/01/2011
Decision Date:	04/23/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/11/2013

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 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 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 48 year old female and has a date of injury 10/1/11. The patient injured bilateral upper extremities while attempting to control an inmate at her job at the sheriff's department. The accepted body parts are bilateral elbow and right arm. She is status post-surgical treatment of right lateral epicondylitis on 5/31/13. She also has lateral left epicondylar symptoms. There is a request for a Home H wave Device. There is an 8/19/13 document from patient's occupational therapist that states that patient has progressed in strength and range of motion in therapy but still has some pain and would benefit from continuing therapy and a home H wave to help manage pain for both extremities. A focused 10/24/13 physician note reveals on focused physical examination that the right upper extremity exam revealed a well-healed lateral elbow incision. There is diminished subjective tenderness to palpation over the lateral epicondyle. The patient demonstrated improved grip strength as well as more forceful and intended use of the right upper extremity. The left elbow exam is remarkable for increased subjective tenderness to palpation over the lateral epicondyles. There is also some pain associated with resisted dorsiflexion of the wrist. Overall, symptoms are subjectively less severe than prior visit. On 8/22/13, the patient had a left elbow injection with 1 cc of Celestone and 3 cc 1% lidocaine plain for relief. A 12/5/13 document indicates that the patient is released back to work without restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H WAVE DEVICE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25, 31, Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- TENS, chronic pain (transcutaneous electrical nerve stimulation)

Decision rationale: A Home H wave Device is not medically necessary per the MTUS Chronic Pain Medical Treatment guidelines. The guidelines state that the H wave may be considered as a noninvasive conservative option for 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). The ACOEM elbow chapter states that is not recommended to use TENS in the treatment of lateral epicondylitis. The documentation does not indicate that the patient has failed all conservative care including therapy. Additionally there is no objective physician documentation of patient's use of, duration or use, and documented results using a TENS unit. The request for a home H wave device is not medically necessary.