

Case Number:	CM14-0005803		
Date Assigned:	02/05/2014	Date of Injury:	04/22/2008
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/13/2014

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 Orthopedic Surgery, and is licensed to practice in Texas. 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 injured worker is a 55 year old female who reported an injury to her left shoulder and neck. The clinical note dated 10/30/13 indicates complaints of left elbow pain. There is an indication the patient has previously undergone a surgical intervention to address neurolysis of the ulnar nerve at the left elbow. The therapy note dated 10/29/13 indicates nine physical therapy sessions have been completed to date. There are continued complaints of left elbow pain. The previous use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit resulted in minimal benefit. This request is for rental of a home H-Wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MONTH RENTAL OF HOME H-WAVE DEVICE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, H-WAVE UNIT,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, SECTION H-WAVE Page(s): 117-118.

Decision rationale: The request for a one month rental of a home H-wave device is non-certified. The documentation indicates the employee complaining of left upper extremity pain specifically at the elbow. An H-wave stimulation unit is not generally recommended as an isolated intervention. The therapy notes indicate the employee having completed 9 physical therapy sessions to date. No information was submitted confirming the employee's ongoing therapy in addition to the H-wave stimulation device. Therefore, it does not appear that an H-wave stimulation device would be appropriate for this employee at this time.