

<b>Case Number:</b>	CM14-0009642		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	03/15/2011
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 62 year old patient had a date of injury on 3/15/2011. The mechanism of injury was not noted. In a progress noted dated 9/4/2013, subjective findings included she cannot use left hand for buttoning, tying shoes, putting shoes on, or zipping. Using H-wave unit at home, with temporarily relief, using 2x/day. On a physical exam dated 9/4/2013, objective findings included 24 degrees on left and 64% on right wrist extension, 32 degrees left and 61 degrees right on wrist flexion. Diagnostic impression shows high blood pressure, asthma, rheumatoid arthritis, headaches. She has had left thumb arthroplasty on 4/17/2013. Treatment to date includes medication therapy, behavioral modification, surgery and physical therapy. A UR decision dated 1/14/2014 denied the request for 3 month rental of H-wave stimulator for right lateral epicondyle contusion and cubital tunnel syndrome DOS 9/10/2013, stating that there was no documented failure of initially recommended conservative care, including physical therapy plus a TENS unit. It is unclear whether a TENS unit has ever actually been tried for the elbow symptoms and if it were whether an adequate trial was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 3 month rental of H-wave stimulator for (right lateral epicondyle contusion, cubital tunnel syndrome) DOS: 9/10/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 128-137.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation Page(s): 117-118.

**Decision rationale:** California MTUS states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). In the reports viewed, and in a progress report dated 9/4/2013, there was no documentation regarding failure of conservative therapy such as physical therapy and TENS unit. It was noted that the patient was on home exercise program at this time, so will discontinue from hand therapy. Furthermore, the patient is documented to start acupuncture therapy on the 9/4/2013 progress report, with no discussion provided regarding how the H-wave would serve as an adjunct to the current treatment program. Therefore, the request for H-wave stimulator for right epicondyle contusion and cubital tunnel syndrome was not medically necessary.