

<b>Case Number:</b>	CM14-0014440		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/19/2012
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 40-year-old male who reported an injury on 06/19/2012. The mechanism of injury was not provided within the medical records. Per the operative report dated 03/25/2013 the injured worker underwent a tennis elbow release to the right arm and lateral epicondylectomy to the right arm. Per the clinical note dated 12/30/2013, the injured worker underwent an electrodiagnostic study to his right upper extremity which revealed all nerves tested were within normal limits; there was no evidence of right cervical motor radiculopathy or right brachial plexopathy. Per the clinical note dated 09/27/2013, the injured worker was reported to have had 2 weeks of TENS unit use, 20 minutes at a time in a clinical setting and the patient indicated that he did not get adequate relief or benefit. The diagnoses for the injured worker included status post right lateral epicondylectomy and right elbow pain. The request for authorization for medical treatment was not provided within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **DURABLE MEDICAL EQUIPMENT: PURCHASE OF HOME H-WAVE UNIT FOR RIGHT ELBOW:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION, Page(s): 117-118.

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

**Decision rationale:** The California MTUS Guidelines state that the H wave is not recommended as an isolated intervention but a one month home-based trial of the unit 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 and medications, plus a transcutaneous electrical nerve stimulation (TENS) unit. The MTUS guidelines note there should be documentation as to how often the unit was used, as well as outcomes in terms of pain relief and function. There was a lack of documentation regarding the trial of the TENS unit. The injured worker reported he used it for 2 weeks for 20 minutes each time in a clinical setting; however, he stated it did not provide adequate benefit or relief. It was unclear if the injured worker has undergone a one month trial of the H wave unit as well as the efficacy of the unit during trials. Therefore, the request for the H-wave purchase for the right elbow is non-certified.