

Case Number:	CM14-0014722		
Date Assigned:	02/28/2014	Date of Injury:	11/05/2010
Decision Date:	07/14/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	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 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 is a 51-year-old female patient with a 11/5/10 date of injury. 12/27/14 progress report indicates persistent left elbow pain. Physical exam demonstrates restricted the lateral elbow range of motion. Treatment to date has included physical therapy, medication, left elbow surgery, and TENS trial. There is documentation of a previous 1/24/14 adverse determination for lack of specifics of the TENS trial; and the provider noting that a TENS trial has been previously effective in relieving pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL OF H-WAVE DEVICE FOR A 30 DAY TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: CA 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). However, a TENS trial was effective in relieving the patient's pain complaints. There is no evidence that H-wave therapy would be used as an adjunct to a method of functional restoration. Therefore, the request was not medically necessary.