MAXIMUS Federal Services

Case Number:	CM14-0126964		
Date Assigned:	08/15/2014	Date of Injury:	06/02/2006
Decision Date:	09/11/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/11/2014

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 Family Practice 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 47 year old female claimant sustained a work injury on 6/2/06 involving the shoulders, arms and right knee. She was diagnosed with bilateral epicondylitis, right shoulder rotator cuff tear, and patellofemoral chondromalacia of the right knee. She had undergone repair of the right shoulder. She had used topical as well as oral analgesics for pain management. She had received platelet rich plasma injections for her elbow. A progress note on May 7, 2014 the claimant had continued pain in the elbows. The elbows were notable for tenderness in the epicondylar region. She had previously use the TENS unit for a year and found that it was no longer effective. The treating physician recommended a trial of an H wave unit. A progress note on June 18, 2014 indicated the claimant's pain was reduced to 2/10. She had also received an injection to the elbow, which reduce the pain from 8/10 to 0/10. Her baseline pain was 4/10. Physical findings were unchanged. Recommendation for continuation of the H wave unit was made. The claimant had used the H-wave unit until July 3, 2014. The claimant had 70% reduction in pain and was able to function better daily. The treating physician recommended purchase of an H-wave unit to utilize at home daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave purchase for right elbow: Overturned

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, a one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented. A one-month home-based trial of H-Wave stimulation 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 claimant had failed prior conservative therapy as well as the use of a Tens unit. Rental is preferred over purchased during the trial. Since there was documented improvement over a month use, the purchase of an H wave unit is appropriate and medically necessary.