

Case Number:	CM14-0020411		
Date Assigned:	05/02/2014	Date of Injury:	08/16/2013
Decision Date:	07/09/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesia, has a subspecialty in Acupuncture and Pain 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 case involves a 29-year-old male, with date of injury on 8/16/13, and with related elbow pain. His diagnoses include medial epicondylitis, elbow; elbow/forearm sprain/strain; lateral epicondylitis, elbow. Imaging studies were not included in the documentation submitted for review. He has been treated with physical therapy, home exercise program, and medication management. The date of utilization review (UR) decision was 1/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED USE OF HOME H-WAVE DEVICE FOR THREE (3) MONTHS:

Overtured

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

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

Decision rationale: The Chronic Pain Guidelines indicate that H-wave stimulation is "Not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a non-invasive 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS).... Trial periods of more than one month should be justified by documentation submitted for review. While H-Wave and other similar type devices can be useful for pain management, they are most successfully used as a tool in combination with functional improvement." The documentation submitted for review support the continued use of H-wave stimulation home device. Per the documentation submitted for review, the injured worker has failed conservative modalities including physical therapy, TENS, and medication management. According to the 01/09/14 progress notes, the use of H-wave stimulation has alleviated swelling and daily pain, which has reduced his reliance on oral pain medications. It has given him the ability to perform more activity and have greater overall function, as well as allow him to work longer. The request is medically necessary.