

Case Number:	CM14-0030218		
Date Assigned:	06/13/2014	Date of Injury:	07/16/2013
Decision Date:	07/16/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/05/2014

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 Physical Medicine and Rehabilitation, and Pain Medicine, and is licensed to practice in Texas. 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 47 year old male who reported an injury to his right elbow. The undated letter of appeal from the injured worker indicates the injured worker had been utilizing an H-wave once per day for 7 days a week resulting in a pain reduction by 50%. The injured worker also reported a decrease in medications. The clinical note dated 9/11/13 indicates the injured worker having been diagnosed with lateral epicondylitis on the right. The note indicates the injured worker utilizing a gel pack with an elbow brace. The clinical note dated 11/22/13 indicates the injured worker continuing with tenderness at the lateral epicondyle. The clinical note dated 1/22/14 indicates the injured worker having previously undergone an injection at the right elbow. However, no information was submitted regarding the injured worker's improvements following the injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED USE OF H-WAVE UNIT FOR THE RIGHT ELBOW FOR 3 MONTHS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pages 117-118.

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

Decision rationale: The documentation indicates the injured worker complaining of symptoms associated with lateral epicondylitis. An H-wave unit is indicated provided the injured worker meets specific criteria to include the injured worker demonstrating an objective functional improvement through the initial course of treatment. There is an indication the injured worker has previously been utilizing an H-wave unit at the right elbow. There is also an indication the injured worker has provided subjective evidence of pain reduction with an indication of a reduction in medications. However, this appears to be anecdotal and subjective in nature. No clinical exam was submitted confirming the injured worker's objective response. No additional therapeutic evaluation was provided supporting any objective data regarding the injured worker's functional improvement. Without this information in place, this request is not indicated as medically necessary.