

Case Number:	CM14-0033256		
Date Assigned:	06/20/2014	Date of Injury:	02/15/2012
Decision Date:	07/23/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/17/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 53-year-old female who was reportedly injured on January 15, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated December 26, 2013, indicates that there were ongoing complaints of low back pain with radiculopathy, left burning elbow pain and left ankle pain worse with walking. On examination, the injured employee had some mild difficulty standing from a sitting position. The claimant had tenderness of her lumbar spine in her paravertebral muscles and her facet joints. The claimant can forward flex to 35. There was a positive sciatic tension test bilaterally. On her elbow, there is a well healed incision. There was tenderness in bilateral aspects of elbows with a positive Tinel's test. Studies were not listed in the records reviewed. Previous treatment included injections, surgery, TENS unit, analgesics, anti-inflammatories and therapy which have failed. A request had been made for purchase of H wave stimulation device and was not certified in the pre-authorization process on March 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Home H-Wave device: Upheld

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

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

Decision rationale: H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or 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 and medications and a transcutaneous electrical nerve stimulator unit. After viewing the records, the patient has bilateral tenderness of her elbow. Range of motion was not checked, nor strength or swelling or provocative signs. The claimant was able to perform some activities of daily living but has not been able to return to work. Without further documentation, the request is not medically necessary.