

Case Number:	CM14-0045988		
Date Assigned:	07/02/2014	Date of Injury:	07/20/2011
Decision Date:	08/05/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/14/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 41-year-old female with date of injury of 07/20/2011. The listed diagnoses are: 1. Nonindustrial borderline diabetes. 2. Other chronic pain syndrome. 3. Lateral epicondylitis, left elbow. 4. History of vertigo due to possible NSAID. 5. Status post lap band due to weight issues. 6. Status post partial pancreatectomy for cyst removal. 7. Status post left elbow and wrist sprain/strain. According to the report provided for review, the patient complains of persistent left arm and elbow pain with improvements of wrist pain. She states that the H-wave has been very effective. The physical therapy has been authorized and is being coordinated at this time. The treating physician documents under the objective findings "left arm moderate pain" over the lateral epicondyle and left brachialis muscle with intact range of motion at the elbow and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device for three (3) months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines page 117 and 118 supports a 1-month home-based trial of H-wave treatments as a noninvasive conservative option for diabetic neuropathy or chronic soft tissue inflammation if used as an adjunct to a program of evidence based functional restoration and only following failure of initial recommended conservative care including recommended physical therapy (exercise) and medications, plus TENS. In this case, while the patient reports good relief from H-wave use, the records do not show that the patient has tried and failed a TENS unit in the past. Furthermore, the requested 3 months exceeds MTUS recommended 1-month trial of H-wave for home use it is not medically necessary.