MAXIMUS Federal Services

Case Number:	CM14-0055858		
Date Assigned:	07/09/2014	Date of Injury:	10/01/2013
Decision Date:	08/28/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/25/2014

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 Arizona. 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 is a 45-year-old female with a date of injury of 9/30/2013. The patient complains of bilateral volar wrists pain radiating proximally to the forearms and lateral epicondyles. She complains of diminished sensibility of the entire left arm and she attributes these problems to having to use a keyboard and mouse on a repetitive basis. The patient has been treated with physical therapy, medication, chiropractic treatment, acupuncture and injections. She had a platelet rich plasma injection into each epicondyle and steroid injections into each carpal tunnel space. She has also been using an H wave device at home apparently on a trial basis and a request is made for a unit to be used on a regular basis. There is a note by a physical therapist in the record that states the patient has been tried on a transcutaneous electric nerve stimulation (TENS) unit without any relief of pain. There is a letter in the record dated 5/20/2014 by the patient stating how beneficial the H unit has been in relieving her symptoms of elbow and wrist pain. There is also a progress report note dated 4/3/2014 stating that the patient has significant improvement in the lateral epicondylar discomfort following the platelet rich plasma injections and also significant improvement in the volar wrist and radial palmar hypoesthesia following the carpal tunnel ultrasound directed steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

H Wave Device: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 19,Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation Page(s): 114-121.

Decision rationale: With regards to H wave, the ACOEM guidelines state there is no evidence that H wave is more effective as an initial treatment when compared to a transcutaneous electric nerve stimulation (TENS) unit for analgesic effects. A recent low-quality meta-analysis concluded that the findings indicated a moderate to strong effect of the H wave device in providing pain relief, reducing the requirements or pain medication and increasing functionality. In the elbow Chapter of the ACOEM guidelines there is no recommendation for the use of TENS unit for the elbow because of insufficient evidence. While the patient attributes good relief of pain to the use of her H unit, the physician in his 4/3/2014 progress note attributes the improvement to the injection therapy that she received in January and February. So until there is better correlation on what effect the H unit has in decreasing the patient's symptoms as opposed to the injection therapy she received, the medical necessity for an H unit has not been established.