

<b>Case Number:</b>	CM14-0060578		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/30/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Medical records from 2013 to 2014 were reviewed. Patient complained of left elbow pain corroborated by findings of restricted motion, tenderness and weakness. Pain was escalated when typing. Treatment to date has included physical therapy, cortisone injection, elbow surgery, and medications. Utilization review from 03/25/2014 denied the request for Home H-Wave Device 1 month rental because there was no evidence that patient had a trial and subsequently failed use of a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave Device 1 month rental:** Upheld

**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 9792.20 - 9792.26, H-wave Stimulation Page(s): 117-118.

**Decision rationale:** As stated on pages 117-118 of CA MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT) is not recommended as an isolated intervention, but a trial may be considered as a non-invasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration. There

is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In this case, patient had a trial use of H-wave and reported 50% pain relief, decreased need for oral medication intake and increased ability to perform activities. There was a note that patient had initially tried use of a TENS unit; however, there was no further discussion concerning duration and failure of use. The medical necessity cannot be established due to insufficient information. Therefore, the request for Home H-Wave Device 1 month rental is not medically necessary.