

Case Number:	CM14-0081838		
Date Assigned:	07/18/2014	Date of Injury:	04/01/2010
Decision Date:	09/16/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/03/2014

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 and is licensed to practice in Illinois. 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 42-year-old female who reported injury on 04/01/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 03/31/2014 indicate a diagnoses of chronic right upper extremity dysesthesia with electrodiagnostic evidence for ulnar nerve entrapment at the left elbow but not the right elbow, tendonitis of the right forearm, right lateral epicondylitis and medial epicondylitis, chronic right de Quervain's tenosynovitis, status post right shoulder sprain with persistent right shoulder complaints and crepitus, left ulnar neuritis with positive electrodiagnostic studies dated 03/20/2013, status post stab wound to the left elbow nonindustrial in 1988 or 1989, and chronic left medial and lateral epicondylitis from favoring her right upper extremity which was injured in 04/2010. The injured worker reported right forearm and right elbow pain with difficulty sleeping. The injured worker reported she could not sleep on her right shoulder due to pain she was having in her chest from the abnormal way she slept on her side. The injured worker reported she was never able to sleep on her back or her stomach. On physical examination, the Finkelstein's test was positive on the right. There was right forearm tenderness with medial and lateral epicondylar tenderness. There was right shoulder rotator cuff tenderness with right shoulder crepitus and supraspinatus and infraspinatus tenderness. The injured worker had tenderness at C5-7 and T1-2 on the right. The injured worker's abduction to the right shoulder was 130 degrees, extension was 20 degrees, flexion was 150 degrees in the right shoulder, adduction of the left shoulder was 170 degrees, extension was 80 degrees, and flexion was 170 degrees in the left shoulder. The injured worker had left medial and lateral epicondylar tenderness. The injured worker's treatment plan included continue medications, the injured worker would get a home TENS unit, and the injured worker would have a repeat ergonomic

evaluation. The injured worker's prior treatments included diagnostic imaging and medication management. The provider submitted a request for an H-Wave unit. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of H-Wave Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H- Wave Stimulation Page(s): 171-172.

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

Decision rationale: The request for Purchase of H-Wave Unit is not medically necessary. The California MTUS guidelines do not recommend the H-wave as an isolated intervention. It may be considered as a noninvasive conservative option for diabetic neuropathic, or 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, plus transcutaneous electrical nerve stimulation (TENS). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. It was not indicated if the injured worker had a trial of a TENS unit to warrant the purchase of an H-Wave unit. In addition, if a trial was conducted, there is lack of evidence in the documentation submitted for review. Moreover, the request did not indicate a body site or time frame for the H-Wave unit therefore, the request for H-Wave unit is not medically necessary.