

<b>Case Number:</b>	CM14-0199523		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	12/02/2013
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Physical Medicine Rehab 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:

This patient sustained an injury on 12/2/13 while employed by [REDACTED]. The requests under consideration are H-Wave purchase and continue acupuncture (unspecified). Diagnoses include left radiocapitellar degenerative joint disease (DJD); left upper extremity pain; and left partial foveal triangular fibrocartilage complex (TFCC) tear/thinning. There is past medical history of Diabetes Type 1 and diabetic peripheral neuropathy. Conservative care has included medications, therapy, acupuncture, cortisone injection at right lateral elbow (January 2014), H-wave treatment, and modified activities/rest. The patient continues to treat for chronic ongoing symptoms. Report from the provider noted the patient was prescribed H-wave device on 6/3/14 with treatment initiated on 6/12/14; however, does not describe any functional outcome or benefit from treatment. It was noted interval MRI of wrist was done without results provided. The patient had an apparent flare-up of pain on 9/29/14 with symptom improvement from rest. Panel QME report of 11/12/14 noted the patient had continued use of tennis elbow and wrist bands. MRI of left wrist performed in August showed some fraying of cartilage. The patient tried TENS that did not help. Exam showed neck to be straight; little tenderness to palpation (TTP) and good range in all planes; shoulder exam to be unremarkable; elbows with TTP over lateral epicondyle bilaterally and in forearm; Tinel's unremarkable; diabetes ID band on left; hands with tenderness and full range of motion; left wrist with limited range; no sensory or motor deficit; normal and equal deep tendon reflexes (DTP) with thumb-index opposition and finger abduction were unremarkable. X-rays and MRI were reviewed with treatment plan for additional acupuncture treatment and H-wave purchase. The request for H-Wave purchase and continue acupuncture (unspecified) were non-certified on 11/21/14 citing guidelines criteria and lack of medical necessity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation, H-Wave Page(s): 115-118.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines recommend a one-month HWT rental trial to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function not documented here. The provider noted the patient has undergone an H-wave trial use since TENS failed; however, reports are without specifics of failed attempt. There is no consistent pain relief in terms of decreasing medication dosing nor is there clear specific objective functional improvement in activities of daily living (ADLs) demonstrated from the previous H-wave unit trial. The patient still exhibited persistent subjective pain complaints and unchanged clinical findings for this chronic injury of 2013. It does not appear the patient is participating in an active home program or formal therapy for adjunctive exercise towards a functional restoration approach. There are no limitations in ADL, or failed attempts with previous conservative therapy treatments to support for the H-wave unit, not recommended as a first-line approach. There is no change in work status or functional improvement demonstrated to support for this H-wave purchase unit. Therefore, the H-Wave purchase is not medically necessary and appropriate.

**Continue Acupuncture (Unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** MTUS Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. It is unclear how many acupuncture sessions the patient has received for this 2013 injury. Submitted reports have not demonstrated the medical indication to support for additional acupuncture sessions as there were no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor were there any decrease in medication profile or medical utilization. The request for continue acupuncture (unspecified) is not medically necessary and appropriate.

