

Case Number:	CM15-0162118		
Date Assigned:	08/28/2015	Date of Injury:	06/04/2014
Decision Date:	10/05/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/18/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 63-year-old who has filed a claim for chronic arm pain reportedly associated with an industrial injury of June 4, 2014. In a utilization review report dated July 30, 2015, the claims administrator failed to approve a request for a home H-Wave device. The claims administrator referenced a July 20, 2015 RFA form and associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On July 20, 2015, the device vendor sought authorization for an H-Wave device on a purchase basis. The note comprised in large part, of preprinted check boxes, with little supporting commentary. On May 20, 2015, the applicant stated in a questionnaire that the H-wave device had proven helpful in terms of ameliorating housework in unspecified amounts. The applicant contended that she had used a TENS unit, physical therapy, and medications in the past. On August 7, 2015, the attending provider appealed the previously denied H-Wave device, stating that the applicant was deriving appropriate analgesia from the same and was apparently working. The attending provider acknowledged that the applicant had not attempted to use a TENS unit on a home trial basis, stating that he believed the applicant had employed a conventional TENS unit during physical therapy and had reported that the H-Wave device had proven superior to the same. On May 18, 2015, the applicant was asked to continue usage of an H-Wave device. A rather proscriptive 5-pound lifting limitation was imposed on this date. On July 6, 2015, the same, unchanged 5-pound lifting limitation was renewed. The applicant was asked to pursue an elbow epicondylectomy procedure on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT).

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

Decision rationale: No, the proposed home H-Wave device purchase was not medically necessary, medically appropriate, or indicated here. As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, an H-Wave device should be employed on a trial basis only in applicants who have failed initially recommended conservative care, including physical therapy, home exercises, and a conventional TENS unit device. Page 117 of the MTUS Chronic Pain Medical Treatment Guidelines notes that there is no evidence that H-wave is more effective as an initial treatment when compared to TENS for analgesic effect. Here, the attending provider himself acknowledged on an August 7, 2015 letter that the applicant had not, in fact, attempted a home-based trial of the TENS unit. Page 118 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that provision of an H-Wave device on a purchase basis should be justified by documentation submitted for review, with evidence of a favorable outcome present in terms of both pain relief and function during an earlier one-month trial of the same. Here, the fact that the applicant had apparently chosen to undergo an elbow epicondylectomy procedure on July 6, 2015, coupled with the fact that a rather proscriptive 5-pound lifting limitation was renewed on that date, taken together, strongly suggested that the applicant had, in fact, failed to demonstrate functional improvement in terms of parameters established in MTUS 9792.20(e), despite ongoing usage of the H-Wave device at issue. Therefore, the request was not medically necessary.