MAXIMUS Federal Services

Case Number:	CM15-0187476		
Date Assigned:	09/29/2015	Date of Injury:	08/16/2011
Decision Date:	11/09/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/23/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 27 year old female, who sustained an industrial-work injury on 8-16-11. She reported initial complaints of bilateral elbow pain. The injured worker was diagnosed as having right lateral and medial epicondylitis. Treatment to date has included medication, steroid injection, and therapy. MRI results were reported on 1-23-15 of the right hand that was normal. MRI (magnetic resonance imaging) of the left wrist on 1-22-15 noted mild marginal signal alteration of the distal adductor pollicis longus and extensor pollicis brevis tendons suggesting a possible mild de Quervain's tenosynovitis. Currently, the injured worker complains of elbow pain. Per the physician's supplemental report on 2-10-15, review of the MRI (magnetic resonance imaging) reports were done that noted lateral epicondylopathy with joint fluid but no evidence of systemic arthritis, right elbow testing was probably traumatic in nature, x-rays of the right shoulder and right elbow were unremarkable, right hand and left hand series were negative, left and right wrists showed trauma and inflammation at both levels with possible tendon inflammation, and cervical spine showed lymphadenopathy. A re-evaluation was suggested. Exam from 4-24-14 lists pain to lateral and medial aspect of the right elbow lacks full extension by about 10-20 degrees, mainly because of pain. Current work status is not available. The Request for Authorization requested service to include Ongoing Monthly Supplies for H-Wave Unit: Electrodes, Per Pair; Conductive Paste or Gel for Bilateral Elbows/Hands/Wrist (DOS: 07/15/15). The Utilization Review on 8-25-15 denied the request for Ongoing Monthly Supplies for H-Wave Unit: Electrodes, Per Pair; Conductive Paste or Gel for Bilateral Elbows/Hands/

Wrist (DOS: 07/15/15), per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing Monthly Supplies for H-Wave Unit: Electrodes, Per Pair; Conductive Paste or Gel for Bilateral Elbows/Hands/Wrist (DOS: 07/15/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The claimant sustained a work injury in August 2011 and is being treated for bilateral elbow pain with diagnoses of chronic medial and lateral epicondylitis. In April 2014 she was working at modified duty. There was right elbow tenderness with decreased and painful range of motion. In February 2015 MRI results were reviewed. Authorization is being requested for H-wave unit supplies. H-wave stimulation is not recommended as an isolated intervention. Guidelines recommend that a one-month home-based trial may be considered as a noninvasive conservative option following failure of initially recommended conservative care, including recommended physical therapy, medications, and transcutaneous electrical nerve stimulation (TENS). In this case, the claimant is using an GH-wave device. However, the information submitted does not confirm failure of TENS and whether the current H-wave unit was authorized is unknown. For this reason, the request cannot be accepted as being medically necessary.