

<b>Case Number:</b>	CM15-0194289		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	09/01/2011
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 44 year old male, who sustained an industrial-work injury on 9-1-11. He reported initial complaints of right elbow pain. The injured worker was diagnosed as having right elbow lateral epicondylitis. Treatment to date has included medication, surgery (right elbow lateral release and ostectomy of lateral epicondyle), physical therapy, and transcutaneous electrical nerve stimulation (TENS) unit that did not provide adequate relief. MRI results were reported on 3-22-15. Currently, per 8-11-15, the injured worker complains of pain in the right elbow rated 7 out of 10. H-wave and cold pack were treatments with physical therapy. Per 7-7-15, there was pulsating pain when flexing, loss of feeling on the right elbow, physical therapy with some benefits, H-wave with some benefits. Meds included Relafen and Norco. Per the primary physician's progress report (PR-2) on 7-7-15, exam notes right elbow pain, increased pain on pronation and supination, elbow weakness, and lacks full extension. Current plan of care includes continue physical therapy, home exercise program (HEP), and H-wave. The Request for Authorization requested service to include Purchase of home H-Wave device. The Utilization Review on 9-8-15 denied the request for Purchase of home H-Wave device, 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:

**Purchase of home H-Wave device:** 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 patient was injured on 09/01/11 and presents with right elbow pain. The request is for purchase of home h-wave device. There is no RFA provided and the patient is to return to modified work duty on 09/01/15. On 05/01/15, the patient underwent a right elbow lateral release. MTUS Guidelines, Transcutaneous Electric Nerve Stimulation section, page 117 under H-Wave stimulation has the following: H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic, neuropathic pain, 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 and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. The patient is diagnosed with right elbow lateral epicondylitis. The 09/01/15 report states that the patient has used the H-wave with benefit. Treatment to date includes medication, surgery (right elbow lateral release and ostectomy of lateral epicondyle), physical therapy, and transcutaneous electrical nerve stimulation (TENS) unit that did not provide adequate relief. Although the patient has had prior use of the H-wave device, there is no evidence of a one month trial as indicated by MTUS guidelines. There is no discussion provided regarding how the prior H-wave use specifically impacted the patient's pain and function besides the general statement that there was benefit. Therefore, the requested purchase of the H-wave device is not medically necessary.