

Case Number:	CM15-0036338		
Date Assigned:	03/04/2015	Date of Injury:	12/19/2013
Decision Date:	04/14/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/26/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, 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 62 year old male, who sustained an industrial injury on 12/19/2013. The diagnoses have included pain in upper arm joint. Noted treatments to date have included pulsed ultrasound, ice, Transcutaneous Electrical Nerve Stimulation Unit, H-wave, home exercise program, and medications. Diagnostics to date have included MRI right elbow on 08/28/2014 which showed complete or near complete disruption of the common extensor tendon complex from the distal lateral humeral epicondyles. The PT/OT records dated 10/22/2014 noted that the IW reported no difficulty with ADL. It was noted that majority of the PT/OT sessions in November / December 2014 were No Shows. In a progress note dated 01/02/2015, the injured worker presented with complaints of pulsing pain that runs from his hand up into his shoulder. The treating physician reported the injured worker had a positive response with utilization of a home H-wave unit. The medications listed are Celebrex and Norco. Utilization Review determination on 02/19/2015 non-certified the request for Purchase of a Home H-Wave Unit citing Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a Home H-Wave Unit: 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 9792.24.2 Page(s): 114-121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Transcutaneous Stimulation.

Decision rationale: The CA MTUS and the ODG guidelines recommend that transcutaneous stimulation can be utilized for the treatment of musculoskeletal pain. The utilization of transcutaneous stimulation can lead to increased in range of motion / ADL, reduction in pain and medication utilization. The records indicate that the patient had been on chronic treatment with the TENS unit. There is documentation of functional restoration with no reduction in ADL or physical activities. The patient was non compliant with the PT/OT program. The use of H-wave unit provides similar effects as the TENS unit. The criteria for the Purchase of a Home H-wave unit was not met.