

Case Number:	CM15-0081888		
Date Assigned:	05/04/2015	Date of Injury:	04/30/2014
Decision Date:	06/02/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/28/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 36 year old male sustained an industrial injury on 4/3/14. He subsequently reported left upper extremity injury. Diagnoses include lateral epicondylitis. Treatments to date include x-ray and MRI testing, surgery, therapy H-wave treatment, TENS treatment and prescription medications. The injured worker continues to experience left upper extremity pain, weakness and limited motion. Upon examination, Tinel's at elbow and elbow flexion tests are negative and tenderness is present along the flexor tendon sheath. A request for 1 Purchase of home H-wave device was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase of home H-wave device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

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

Decision rationale: According to the guidelines an H-wave unit is not recommended but a one month trial may be considered for diabetic neuropathic pain and chronic soft tissue inflammation if used with a functional restoration program including therapy, medications and a TENS unit. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case there was no mention of a TENS unit use. The claimant had an H-wave trial for a few months. There was a note to discontinue H-wave in November 2014. Reason for this order was not specified. Long-term/permanent use is not indicated and not medically necessary.