

<b>Case Number:</b>	CM13-0038989		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	10/01/2011
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 48-year-old female who reported an injury on 10/01/2011. The mechanism of injury was stated to be the patient was cuffing an inmate and the inmate resisted, which caused the patient's injury to the right elbow. The patient was noted to be treated with surgical intervention, which included a right elbow open repair and debridement of the extensor origin with ostectomy and primary tendon repair on 05/31/2013. The patient was noted to have undergone occupational therapy. The patient was noted to have trialed an H-Wave at occupational therapy. The patient's diagnosis was noted to be pain in joint. The request was made for a home H-Wave device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H wave device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) guidelines do not recommend H-wave stimulation as an isolated intervention, however, recommend a one-month trial for neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a

program of evidence based restoration and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The clinical documentation submitted for review included a letter from the patient indicated she had been using the home H-Wave device for almost one month and had experienced relief in the pain level along with more flexibility and the ability to use her arms. However, there was a lack of documentation of the patient's objective functional improvement. Additionally, there was a lack of documentation of failed TENS unit, physical therapy, and medications to support the use of the H-wave and there was a lack of documentation indicating the H-Wave device would be used as an adjunct to a home exercise program. The request as submitted was for a home H-Wave device without clarification as to purchase or rental. Given the above, the request for home H wave device is not medically necessary.