

<b>Case Number:</b>	CM14-0124645		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Alabama and Maryland. 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/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:

Patient is a 56 year old female with diagnosis of lateral epicondylitis after a injury on 8/1/13. She presents to her physician complaining of persistent right elbow pain. She continues to work at a modified level, has worn her splints, rested her arm and has noted improvement in her pain. She has significant improvement with use of H-wave. She feels that her pain level is reduced by about 20% and her usage has increased to about 30% as compared to previously 2% usage previously. She denies catching or locking. Decision for H-wave device purchase has been questioned here.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave device purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS; H-wave stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT), Page(s): 117-118.

**Decision rationale:** The CA MTUS guidelines state H-wave stimulation is not recommended as an isolated intervention, but a one month home based trial may be considered as a noninvasive 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, including recommended physical therapy and medications. It is unclear that the patient has failed some of the other conservative therapies; her improvement in pain and function could be as a result of both therapy (exercise and the H-wave.) Therefore, this request is not medically necessary.