

<b>Case Number:</b>	CM14-0124964		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/28/2011
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Orthopedic Surgery 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 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:

This 48-year-old male firefighter sustained an industrial injury on 5/28/11. Injury occurred when he tripped and fell, resulting in left elbow pain. Past medical history was positive for type 2 diabetes and morbid obesity. Past surgical history was positive for previous left elbow surgeries in 2012 and 2013. The patient underwent left elbow lateral collateral ligament reconstruction on 2/21/14. The 6/24/14 physical therapy progress report indicated the patient had completed 20 post-op sessions. Continued left elbow pain and swelling was reported with no improvement. Left elbow range of motion was documented as extension 0, Flexion 135, Supination 80, and Pronation 90 degrees. Grip strength was 60 pounds left and 95 right. The therapist reported that the patient continued to demonstrate left elbow swelling with minimal improvement in pain despite improved strength. The patient demonstrated no difficulty with his exercises. The 6/25/14 treating physician report cited continued left elbow pain with left arm numbness and weakness. He had used an H-wave device that helped his pain for a few days. Left elbow exam documented lateral tenderness, range of motion 10-130 degrees, and painful epicondylar stress test. Grip strength was 40 pounds left and 90 pounds right. The diagnosis was lateral epicondylitis status post lateral release. The treatment plan recommended an H-wave unit and additional physical therapy 2x3. Records indicated the patient had completed 24 post-op sessions from 4/1/14 to 7/2/14. The 7/31/14 utilization review modified the request for 6 additional physical therapy visits to 2 visits to assist in transition to an independent home exercise program. The request for an H-wave unit was denied as there was no documentation of functional improvement with use of the unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**Decision rationale:** The California Post-Surgical Treatment Guidelines for elbow collateral ligament repair suggest a general course of 14 post-op physical medicine visits over 6 months, during the 8-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. Guideline criteria have not been met. The patient has completed 24 post-op visits with good functional improvement. The 6/24/14 physical therapy report cited near normal range of motion with functional grip strength. There were continued reports of pain, relatively unchanged with therapy. The 6/25/14 utilization review recommended partial certification of 2 additional post-op physical therapy visits consistent with guidelines to transition to a home exercise program. There is no compelling reason submitted to support the medical necessity of additional supervised care over an independent home exercise program for continued rehabilitation. Therefore, this request is not medically necessary.

**H-wave device: Upheld**

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

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

**Decision rationale:** The California MTUS guidelines do not recommend H-wave stimulation as an isolated intervention. A one-month home based H-wave trial may be considered as option for diabetic neuropathy 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 (i.e. exercise) and medications, plus transcutaneous electrical stimulation (TENS). Guideline criteria have not been met. There is no current documentation that physical therapy has failed to provide functional improvement. There is no detailed documentation that medications have been tried and have failed. There is no evidence of a TENS unit trial. Therefore, this request is not medically necessary.