

Case Number:	CM14-0134643		
Date Assigned:	08/27/2014	Date of Injury:	10/17/2013
Decision Date:	10/08/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/21/2014

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 General Surgery and is licensed to practice in Texas. 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:

The injured worker is a 50 year old male who was injured on October 17, 2013. The diagnosis listed is lateral epicondylitis elbow region. The most recent progress note dated 5/12/2014; the injured worker reported pain at 4 out of 10 on the visual analog scale (VAS) scores, with eighty percent improvement. Physical examination revealed full range of motion at the elbow with tenderness. It was also documented that he was released to work on light duty on a 25 pound restriction. Prior treatment includes H wave unit from 1/30/14 through 2/30/14, tried and failed a transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, and occupational medicine. A prior utilization review determination dated 8/7/14 resulted in denial of purchase of H wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of H-Wave Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, H wave unit Page(s): 117-119.

Decision rationale: According to medical records reviewed, there has been a request for purchase of H wave transcutaneous device. There are notes for 1/28/14 and 4/28/14 which gives no objective documentation of the efficacy of the H wave unit. There have been neither objective functional gains nor any appreciable decrease in the use of pain medications. Therefore the request for the H wave device is not medically necessary.