MAXIMUS Federal Services

| Case Number: | CM15-0122228 | | |
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| Date Assigned: | 07/06/2015 | Date of Injury: | 03/11/2014 |
| Decision Date: | 07/31/2015 | UR Denial Date: | 05/29/2015 |
| Priority: | Standard | Application Received: | 06/25/2015 |

## 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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

## 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 41 year old female, who sustained an industrial injury on 3/11/2014, due to repetitive typing. The injured worker was diagnosed as having cervicalgia, cervical bulging disc, cervical degenerative disc disease, cervical radiculopathy, cervical facet joint syndrome, limb pain, and lateral epicondylitis. Treatment to date has included diagnostics, H wave unit, aquatic therapy, occupational therapy, and medications. Magnetic resonance imaging of the right upper extremity noted findings consistent with lateral epicondylitis manifest as mild edema and tendinopathy of the prominent proximal extensor tendon, associated with mild overlying soft tissue edema, as well as edema extending into the proximal extensor muscle bellies. Magnetic resonance imaging of the cervical spine noted small right paracentral disc protrusions with mild thecal sac narrowing at both levels, C5-6 and C6-7, not significantly changed from 6/2014. Currently, the injured worker complains of pain in the bilateral aspect of the cervical spine, with pain and numbness radiating into her bilateral upper extremities. She rated her pain 9/10. She reported that almost all positions aggravated her pain and that using Aleve, using H wave, and rest alleviated her pain. She also reported that going to independent aquatic therapy provided moderate pain relief. Exam noted tenderness over the paraspinal muscles from C3-C7 on the right and limited cervical and right upper extremity active range of motion. Tenderness was noted over the right medial and lateral epicondyle, along with difficulty with upper extremity flexion. Special testing was positive for positive Tinel's at the right wrist and elbow. After discussion, she elected to continue independent home exercise program for spine stabilization and strengthening program. She was no longer working. H wave trail was noted as initiated on

3/16/2015. The treatment plan included purchase of a home H wave device, with report on 5/19/2015 noting functional improvements and decreased pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-wave device for purchase right elbow/right upper extremity:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The claimant sustained a repetitive motion work-related injury in March 2014 and continues to be treated for radiating neck and elbow pain. H-wave treated was provided when receiving therapy with variable result. She underwent a three week home trial of H-wave unit use in March and April 2015. There was an 80 percent decrease in pain with improved function and sleep. The unit was being used twice daily. Although H-wave stimulation is not recommended as an isolated intervention, a one month home-based trial of may be considered as a noninvasive conservative option for the treatment of chronic pain. H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as transcutaneous electrical nerve stimulation (TENS), in terms of its waveform. During the trial it should be documented as to how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the claimant has had a trial of H-wave use with reported decreased pain and medication use and with improved sleep. The requested H- wave unit is medically necessary.