

<b>Case Number:</b>	CM15-0029929		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	04/14/2011
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: California  
Certification(s)/Specialty: Emergency Medicine

### 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 51 year old female who sustained an industrial injury on 4/14/11. The injured worker reported symptoms in the right upper extremity. The diagnoses included medial epicondylitis. Treatments to date include right cubital tunnel release, right carpal tunnel release, cortisone injection, activity modification, home exercise program, Occupational Therapy, and braces. In a progress note dated 12/19/14 the treating provider reports the injured worker was with right wrist pain noting "gingers tend to be very stiff...wrist has a lot of swelling...pain is at 7 on a pain scale from 0-10." On 2/5/15 Utilization Review non-certified the request for H-wave home unit and supplies (rental or purchase) and Kinesio tape. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave home unit and supplies (rental or purchase): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave.

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

**Decision rationale:** The requested H-wave home unit and supplies (rental or purchase) , is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pages 117-118, H-Wave Stimulation (HWT), noted that H-wave is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The injured worker has right wrist pain noting fingers tend to be very stiff, wrist has a lot of swelling...pain is at 7 on a pain scale from 0-10. The treating physician has not documented detailed information regarding TENS trials or their results. The criteria noted above not having been met, H-wave home unit and supplies (rental or purchase) is not medically necessary.

**Kinesio tape:** Upheld

**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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back chapter, state: Kinesio tape (KT).

**Decision rationale:** The requested Kinesio tape , is not medically necessary. California Medical Treatment Utilization Schedule (MTUS) does not address Kinesio tape. Official Disability Guidelines (ODG), Neck and Upper Back chapter, state: "Kinesio tape (KT) Under study. Patients with acute WAD receiving an application of kinesio taping, applied with proper tension, exhibited statistically significant improvements immediately following application and at a 24-hour follow-up. However, the improvements in pain and cervical range of motion were small and may not be clinically meaningful. (Gonzlez-Iglesias, 2009)." The injured worker has right wrist pain noting fingers tend to be very stiff...wrist has a lot of swelling...pain is at 7 on a pain scale from 0-10. The treating physician has not documented the medical necessity for this DME. The criteria noted above not having been met, Kinesio tape) is not medically necessary.