

Case Number:	CM15-0074137		
Date Assigned:	04/24/2015	Date of Injury:	08/13/2013
Decision Date:	06/11/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/17/2015

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: Preventive Medicine, Occupational 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 39 year old female, who sustained an industrial injury on 8/13/13. Initial complaints are not noted. The injured worker was diagnosed as having lateral epicondylitis; post right first compartment decompression. Treatment to date has included physical therapy; acupuncture; cortisone injections; status post right first compartment decompression, right wrist DeQuervain's release (12/2014). Currently, the PR-2 notes dated 3/27/15 indicate the injured worker complains of pain and exhibits impaired activities of daily living. This injured worker utilized home H-Wave at no cost for evaluation purposes from 1/14/15 to 2/11/15. In the survey taken by H-Wave the injured worker made the following comments: reported decrease in the need for oral medications due to the use of the H-Wave device; report the ability to perform more activity; greater overall function due to the use of H-Wave; Physician narratives note the continued need for the same medications, extensions of physical therapy an a slowed rehabilitation after starting the H-wave. Other treatments prior to H-Wave, Physical Therapy, medications and surgery. The provider has requested a Home H-Wave Device Purchase (with supplies for the left elbow).

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device Purchase (with supplies for the left elbow): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 1116-118.

Decision rationale: Due to the lack of quality medical evidence that H-wave treatment is beneficial, MTUS Guidelines have very specific standards to justify the use of an H-wave machine. These standards have not been met. There is no evidence of prior TENS trial and use subsequent to the recent surgery. Even though the vendor auto fill reports state that there are significant benefits there is no corresponding evidence for this. Medication prescription remained the same. There was a need for extended physical therapy and soon after starting the H-wave the rate of rehab was reported to have slowed. Without prior trial of a TENS unit and good objective evidence of benefits, Guidelines do not support the use of an H-wave machine. It is not medically necessary.