

Case Number:	CM15-0094708		
Date Assigned:	05/20/2015	Date of Injury:	01/01/2014
Decision Date:	06/24/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/15/2015

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: Physical Medicine & Rehabilitation

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 59 year old female, who sustained an industrial injury on 01/02/2014. She has reported subsequent right upper extremity pain and was diagnosed with repetitive motion/overuse syndrome of the right upper extremity, sprain and strain of the elbow, forearm and wrist and bicipital tendinitis of the right elbow. Treatment to date has included oral pain medication, acupuncture, bracing, physical therapy and the application of heat and ice. In a progress note dated 03/27/2015, the injured worker complained of right upper extremity/elbow pain. Objective findings were notable for swelling and tenderness of the right elbow and increased pain with forced supination/pronation. A request for authorization of an H wave unit for home use for 3 months was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave unit for home use for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 117-118.

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

Decision rationale: The patient was injured on 01/01/14 and presents with right upper extremity pain and right elbow pain. The request is for a H-Wave unit for home use for 3 months. The RFA is dated 03/27/15 and the patient is to return to full duty on 04/17/15 with no limitations or restrictions. Per MTUS Guidelines page 117-118, "H-wave is not recommended as an isolated intervention, but a 1-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." MTUS further states that trial periods of more than 1 month should be justified by documentations submitted for review. Prior TENS unit failure is required as well. The reason for the request is not provided. She has swelling/tenderness of the right elbow and increased pain with forced supination/pronation. The patient is diagnosed with repetitive motion/overuse syndrome right upper extremity, bicipital tendinitis of the right elbow, and status post hydrocortisone injections. Treatment to date has included oral pain medication, acupuncture, bracing, physical therapy and the application of heat and ice. In this case, there is no evidence that a successful 30-day trial and there is no documentation that the patient has failed prior TENS unit, as required by MTUS guidelines. Therefore, the requested H-wave unit IS NOT medically necessary.