
Independent Medical Review Final Determination Letter

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[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/27/2013

IMR Case Number:	CM13-0009413	Date of Injury:	11/15/2012
Claims Number:	[REDACTED]	UR Denial Date:	07/24/2013
Priority:	STANDARD	Application Received:	08/09/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] MD		
Treatment(s) in Dispute Listed on IMR Application:			
H WAVE HOME UNIT, R ELBOW			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 11/15/2012. The reported diagnosis is lateral epicondylitis of the right elbow. Prior physician review notes that the documentation states that the patient had already tried physical therapy, medication, and TENS, but the record did not elaborate on the nature or scope of prior physical therapy, and there was no notation of whether an injection trial was undertaken since a corticosteroid injection is generally a first-line treatment for epicondylitis.

Treating physician notes are handwritten and partially legible. Note on 05/02/2013 indicates the patient was being treated for lateral epicondylitis and that the patient did not wish for any further treatment and that the patient was clinically stable and planned treatment was discontinued. On 08/15/2013, report states that the patient reported that right elbow symptoms had improved with H wave, although the patient would not be able to return to the line of work which caused her prior problems initially. The patient was discontinued to a home exercise program.

IMR DECISION(S) AND RATIONALE(S)

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

1. H Wave home unit, R elbow is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pages 117-118, which are part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), H-wave stimulation, page 117, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines Section on H-wave Stimulation states, "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 ...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 and medications, plus TENS." The medical records at this time contain fairly limited information regarding the nature of the patient's prior treatment, particularly given that at one point the records document that the patient declined further recommended treatment. Moreover, the request at this time is for an H-wave unit purchase, and the medical records provide only subjective discussion of the benefit of an H-wave trial without clear objective documentation of functional benefit or other indications. The records also indicate the patient would not be able to return to her usual work and therefore again it is unclear what the specific functional benefit may have been from a past H-wave trial. For these multiple reasons, this requested treatment is not supported by the guidelines. This treatment is not medically necessary.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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