MAXIMUS Federal Services

Case Number:	CM13-0008007		
Date Assigned:	11/08/2013	Date of Injury:	05/21/2009
Decision Date:	04/24/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/07/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60 year old male with an injury date on 05/21/09. Based on the 07/17/13 progress report provided by [redacted] the patient's diagnosis include having pain in the left wrist and the left thumb. The 09/18/13 progress report by [redacted] also mentions that the patient had multiple tendon releases on his left wrist, degenerative arthritis of the CMC joint and MP joint of the thumb, and carpal tunnel syndrome. [redacted] is requesting the purchase of a home H-wave device. The utilization review determination being challenged is dated 07/30/13 and recommends denial of the purchase of a home H-wave device. [redacted] is the requesting provider, and he provided treatment reports from 01/07/13- 9/18/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF HOME H-WAVE DEVICE: 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 H-WAVE STIMULATION (HWT) Page(s): 117-118.

Decision rationale: According to the 07/17/13 progress report provided by [redacted], the patient presents with pain in the left wrist and the left thumb, multiple tendon releases on his left wrist, degenerative arthritis of the CMC joint and MP joint of the thumb, and carpal tunnel syndrome. This report also states that the "patient is using Tens unit which helps relieve the pain and takes medications as needed for pain." The request is for purchase of home H-wave device. The request was denied by utilization review letter dated 07/30/13. The rationale was that "there is no evidence that H-wave is more effective as an initial treatment when compared to TENS for analgesic effects." The California MTUS pg. 117, 118 supports a one-month home-based trial of H-Wave treatment 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 (TENS). It appears that the patient is currently using TENS with some benefit. The provider does not explain why a H-wave unit is required when the patient has not failed TENS use. The California MTUS does not allow H-wave trial unless the patient fails TENS unit. Recommendation is for denial.