

Case Number:	CM13-0012011		
Date Assigned:	03/10/2014	Date of Injury:	04/21/2009
Decision Date:	04/03/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/15/2013

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 & 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 reported a date of injury of 04/22/2009. The listed diagnoses per [REDACTED] dated 04/29/2013 are: (1) Status post left CTR dated 05/15/2012, (2) Right carpal tunnel syndrome, (3) Right De Quervain's, (4) Bilateral wrist tendinitis, (5) Elbow lateral epicondylitis, (6) Bilateral shoulder sprain. According to report dated 04/29/2013 by [REDACTED], patient presents with continued right carpal tunnel complaints. The patient underwent surgical release of first dorsal compartment on 04/04/2013. The patient's stitches were removed on 4/16/13 and post-operative therapy started. The patient is also seen for headaches. Report dated 04/16/2013 is handwritten and mostly illegible. Patient presents with right wrist complaints. There was tenderness noted at the AC joint with positive cross arm and decreased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) H-WAVE SYSTEM: 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), Pain (Chronic)

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

Decision rationale: According to report dated 04/29/2013 by [REDACTED], who is the requesting provider, this patient presents with primary right wrist complaints. Utilization review dated 07/16/2013 denied the request stating that the patient has not failed conservative care including a trial of TENS unit. The MTUS Guidelines pages 117, 118 has the following regarding H-wave stimulation: "trial periods of more than 1 month should be justified by documentation submitted for review." MTUS goes on to say that H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered a noninvasive conservation option for diabetic neuropathic pain or chronic soft tissue inflammation if used as adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care including physical therapy, medication, and TENS unit." In this case, a review of 23 progress reports from 02/10/2013 to 07/25/2013 does not show any evidence that this patient has trialed a TENS unit. There is no evidence that the patient has tried H-wave unit for a month either. MTUS Guidelines are clear that H-wave may be considered only after patient has failed a trial of TENS. Recommendation is for denial.