

Case Number:	CM13-0016153		
Date Assigned:	10/11/2013	Date of Injury:	04/27/2012
Decision Date:	03/12/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/26/2013

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 Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of April 27, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; psychotropic medications; and right carpal tunnel syndrome release surgery, trigger finger release surgery, and ulnar nerve transposition surgery. In a utilization review report of August 14, 2013, the claim administrator denied a request for a 30-day trial of an H-wave device. The applicant's attorney subsequently appealed. In a clinical progress note of October 4, 2013, the applicant presents with pain ranging from 4 to 8/10 right upper extremity pain. The applicant is on Norco and Desyrel. The applicant is given a shoulder corticosteroid injection in the clinic. The applicant is reportedly diabetic, it is stated. An earlier note of September 19, 2013 is notable for comments that the applicant is off of work, on total temporary disability. The earlier note of August 12, 2013 is notable for comments that the applicant recently received an H-Wave home care system.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave home care system one-month trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines; H Wave stimulation is, at best, recommended as a fourth line treatment in those applicants with chronic soft tissue inflammation and/or diabetic neuropathic pain in whom other appropriate treatments, including analgesic medications, physical therapy, home exercises, and a conventional TENS unit have been tried and/or failed. In this case, however, there is no evidence that the applicant has tried and/or failed the conventional TENS unit. The applicant is still in the process of receiving physical therapy, it appears, as of the date of the request. Criteria for pursuit of an H-Wave home stimulation trial have not seemingly been met. Therefore, the request remains non certified, on independent medical review.