

Case Number:	CM13-0019143		
Date Assigned:	12/11/2013	Date of Injury:	01/29/2002
Decision Date:	08/20/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/30/2013

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 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 injured worker is a 63-year-old male who reported an injury on 01/29/2002. The mechanism of injury was noted to be lifting heavy iron work. The injured worker had prior treatments of physical therapy, H-Wave trial, followed by an H-Wave unit extension, surgical intervention, and medications. The injured worker's diagnoses were noted to be left wrist degenerative spurring at the radial styloid scaphoid articulation and bilateral carpal tunnel syndrome. On 07/31/2013, the injured worker was seen for a physical evaluation. According to the Primary Treating Physician's Progress Report, the injured worker had complaints of pain and had impaired activities of daily living. The treatment plan noted on the progress report was for 3 months of H-Wave home care system. The objective/subjective findings included: the injured worker reported following H-Wave treatment, on a scale of 1 to 10, the pain level dropped from 8 to 7. The provider's rationale for the request was provided within the document dated 07/31/2013. A request for authorization for medical treatment was not provided within the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNIT, 3 MONTH EXTENSION (DOS 7/31/13 TO 10/30/13) LEFT WRIST.:

Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend H-Wave stimulation 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, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation. The Guidelines state trial periods of more than 1 month should be justified by documentation submitted for review. While H-Wave and other similar type devices can be useful for pain management, they are most successfully used as a tool in combination with functional improvement. The retrospective review for 3 month extension of H-Wave unit for the left wrist lacks documentation to support adjunct ongoing treatment modalities within a functional restoration approach. The retroactive documentation is limited to a Primary Treating Physician's Progress Report dated 07/31/2013. In addition, the evaluation of the injured worker does not promote efficacy based on objective functional gains. Therefore, the retrospective request for H-Wave Unit, 3 month extension (DOS 7/31/13 TO 10/30/13) Left Wrist is not medically necessary.