

Case Number:	CM13-0021616		
Date Assigned:	12/11/2013	Date of Injury:	07/28/2011
Decision Date:	04/18/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/09/2013

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 Family Practice and is licensed to practice in Texas. 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 32-year-old male who sustained an unspecified injury on 07/28/2011. The patient was evaluated on 03/12/2013 for wrist pain. The documentation submitted for review indicated the patient was post-op a right carpal tunnel release on unspecified date. The patient was noted to have chronic soft tissue inflammation. The documentation submitted for review indicated the patient underwent an H-wave home trial for 3 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device x3months right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for a home H-wave device x 3 months for right wrist is non-certified. The documentation submitted for review indicated the patient had used the H-wave for 3 days as a home trial. The California MTUS Guidelines recommend a 30-day in-home trial of the H-wave. The documentation submitted for review did not indicate the patient had trialed a 30-day home trial for the unit. Furthermore, the California MTUS Guidelines do not recommend

H-wave stimulation as an isolated intervention. The documentation submitted for review indicated there was an adjunct request for the physician and/or exercise. However, the documentation submitted for review did not indicate the patient had functional limitations to warrant physical therapy. Therefore, as the patient's physical therapy is not supported, the adjunct treatment of H-wave stimulation is not supported. Furthermore, the documentation submitted for review did not have objective findings of functional limitations to warrant the use of H-wave stimulation. Therefore, the need for H-wave stimulation is unclear. Given the information submitted for review, the request for home H-wave device x3 month's right wrist is non-certified.