

Case Number:	CM13-0023179		
Date Assigned:	11/15/2013	Date of Injury:	06/04/2008
Decision Date:	01/29/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/11/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Maryland. 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 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:

Patient ([REDACTED]) reports that one or two weeks before June 4, 2008, she felt pain in her wrists. She then started having pain in her thumbs and elbows. She was using the computer a lot at work. Initial hand surgical consultation [REDACTED]: 4/14/09-9/15/11. X-rays reveal no bony or ligamentous abnormalities in bilateral elbows and Wrists. Diagnosis: right lateral epicondylitis. Right cubital tunnel syndrome, bilateral de Quervain's tenosynovitis, bilateral thumb basal joint enthesopathy. Both first dorsal compartments of the wrists were injected. She was fitted her for bilateral thumb spica splints and was to have her antiinflammatories. Continue full-duty work. He feels she is not a surgical candidate at this point. He recommends transfer of care to a pain management specialist. Continue full-duty work. Patient has also had acupuncture and massage. 2/4/13 she can now cook for herself again. It is easier for her to write notes for class, brush her teeth, wash her hair, use a blow dryer, make her bed, and fold clothes. She is working at night. She has taken Celebrex a few times when she had bad pain. 5/16/13 note documents WORK RESTRICTIONS: She has permanent work restrictions to limit fine manipulation for activities such as keyboarding or mousing to 10 minutes twice an hour. 6/6/08: PTP progress report indicates work restrictions- 10 min stretch breaks from keyboard/mouse every 50 minute. 9/15/08 [REDACTED] reports pt. can report to full duty without restrictions. 5/9/13 Physical therapy report indicates a goal of the pt. long term is to work full duty with no restrictions or complaints of pain. July 9, 2013 PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT AND AUTHORIZATION REQUEST: Pt. was seen for follow-up of her bilateral upper extremity pain July 9, 2013. She completed the second series of six PT sessions. She does a home program. In physical therapy. They used an H-wave. "According to the PT report, this was a Golden State Medicals GSM Plus with HAN

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave stimulation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118:7-8.

Decision rationale: -wave stimulation (HWT) is not medically necessary per MTUS Chronic Pain Medical Treatment Guidelines. There is no evidence patient has had a one month home based trial of the H wave stimulation as recommended per MTUS. There is documentation that the patient began using less medication prior to beginning the H wave in physical therapy. (The 2/4/13 physician office note documents that patient was decreasing her Celebrex from prior visit and "She has taken Celebrex a few times when she had bad pain.") Additionally, there is no documentation that patient has been able to work at her job without work restrictions to limit fine manipulation for activities such as keyboarding or mousing to 10 minutes twice an hour since starting the H unit. There is no documentation that the H wave stimulation is used as an adjunct to a program of evidence based functional restoration. Per MTUS guidelines "Whether the treatment is provided by an individual provider, a multidisciplinary group of providers, or tightly integrated interdisciplinary pain program, it is important to design a treatment plan that explains the purpose of each component of the treatment. Furthermore, demonstration of functional improvement is necessary at various milestones in the functional restoration program in order to justify continued treatment."