

Case Number:	CM13-0023911		
Date Assigned:	11/01/2013	Date of Injury:	09/23/2010
Decision Date:	02/11/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/13/2013

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 & Rehabilitation, has a subspecialty in Pain Management, 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 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:

Is a female patient with a date of injury of September 23, 2010. A utilization review determination dated August 21, 2013 recommends noncertification of H wave purchase. A form letter dated August 8, 2013 has a box checked indicating that a tens device has been tried to provide relief for the injury. The trial is performed in the clinic and did not provide satisfactory or adequate relief. The diagnosis states, "right wrist." A form letter dated August 2, 2013 has boxes checked indicating subjective/objective complaints of pain, impaired range of motion, and impaired activities of daily living. The form letter has boxes checked indicating that the patient has tried physical therapy, medication, and a clinical or home trial of tens. A progress report dated July 22, 2013 indicates that the patient's symptoms have been so severe that she is been unable to attend school. The note indicates that she has not been authorized to undergo physical therapy. Physical examination identifies positive Tinel's sign at the medial aspect of the right elbow with tenderness to palpation over the medial and lateral of the condyle. There is also positive Tinel's sign at the wrist and negative Phalen's sign at the rest. Sensation is intact with no evidence of Thenar atrophy. Diagnoses include mild fasciitis of the wrists and forearms, bilateral epicondylitis medial and lateral, carpal tunnel syndrome, and left shoulder tendinitis. The treatment plan recommends physical therapy, acupuncture, and goes on to state, "she is also found benefit with the use of the H-wave unit. I would ask that the H-wave unit be authorized for her."

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of 1 H-wave unit (for home use): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electrotherapy Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines electrotherapy Page(s): 114, 117-118.

Decision rationale: Regarding the request for H-wave unit, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation is not recommended as an isolated intervention, but a one-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. Within the documentation available for review, there are boxes checked indicating that the patient has undergone physical therapy and a clinical tens unit trial. However, there is no indication as to how much physical therapy the patient has undergone, and what the specific response to that therapy might have been. Additionally, it is unclear whether the patient underwent a 30 day tens unit trial as recommended by guidelines. There is no statement indicating how frequently the tens unit was used, and what the outcome of that tens unit trial was for this specific patient. Additionally, there is no documentation that the patient has had a successful H-wave trial with documentation of analgesic response and objective functional improvement. In the absence of such documentation, the currently requested H wave device is not medically necessary.