

Case Number:	CM13-0025862		
Date Assigned:	11/20/2013	Date of Injury:	04/01/2012
Decision Date:	01/30/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/18/2013

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 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:

The patient is a 53 year-old male with a date of injury of 04/01/2012. The UR letter dated 09/14/2013 recommends denial of additional 3-month rental of an H-wave unit. According to progress report dated 08/13/2013 by [REDACTED], patient continues to complain of wrist pains, described as burning and pin-and-needles. Examination shows patient's wrist, elbow and digits are unrestricted and painless in all planes. Patient has diagnoses of extensor tenosynovitis of the right thumb and flexor and extensor tenosynovitis of the right wrist and forearm. Treater recommends continuing use of brace, polar frost and H-wave. Medical records indicate patient's prior conservative treatments include physical therapy, medication, and wrist brace. Initial consultative report dated 01/08/2013 documents that patient was initially given an H-wave unit by his occupational therapist. Patient notes the unit has been very helpful in reducing his discomforts.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave machine-additional 3 month rental: Upheld

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

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

Decision rationale: This patient presents with chronic wrist and thumb pain due to tenosynovitis. The treater has requested a 3-month trial of H-wave stating that the patient has tried an H-wave unit during therapy and it was helpful. MTUS guidelines pages 117 and 118 states that a one-month home based trial of H-wave stimulation can be considered if the patient fails conservative treatments, medications, therapy AND TENS. There is no documentation that the patient has tried a TENS unit, although it appears that the patient may still be struggling with pain despite other conservative treatments. In addition, MTUS guidelines only allow a one-month trial of an H-wave unit, should the patient fail conservative treatments and a TENS trial. Recommendation is for denial.