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| Case Number: | CM13-0028900 | | |
| Date Assigned: | 11/01/2013 | Date of Injury: | 06/12/2010 |
| Decision Date: | 01/23/2014 | UR Denial Date: | 09/13/2013 |
| Priority: | Standard | Application Received: | 09/24/2013 |

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 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 29-year-old female who reported an injury on 06/12/2010. The mechanism of injury was noted to be from repetitive work. Her symptoms include pain in her bilateral hands, wrists, neck, and upper back, with symptoms being worse on her right side. It was noted that she was participating in a home exercise program and using an H-wave stimulation unit, as well as medications. Her diagnoses are listed as tenosynovitis of the bilateral hands/wrists, bilateral forearm/right elbow sprain, carpal tunnel syndrome, tendinitis of elbow or forearm bilaterally, lateral epicondylitis, medial epicondylitis, neck sprain, cervical degenerative disc disease, and myalgia. At her 07/17/2013 office visit it was noted that the patient had failed a trial of a TENS unit and medications and therefore, was recommended a trial of an H-wave system. It was noted at her most recent office visit on 10/03/2013 that she would continue to use her H-wave as it continued to reduce her pain, she was to see a hand surgeon for a third opinion, she was going to receive injections in her hands, and begin acupuncture visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

An additional three months of an H-wave unit: 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 Chronic Pain Medical Treatment Guidelines, H-wave stimulation Page(s): 117-118..

Decision rationale: According to California MTUS, H-wave stimulation is not recommended as an isolated intervention, but H-wave and other similar-type devices can be useful for pain management when they are used as a tool in combination with functional improvement programs. It is also stated that a recent low quality meta-analysis concluded the findings indicate a moderate to strong effect of the H-wave device in providing pain relief, reducing the requirement for pain medication, and increasing functionality. It was noted the patient previously had a 1 month trial of H-wave stimulation and had reported that it helped her pain. The patient was not noted to have been participating in a formal program of evidence-based functional restoration, but was participating in a home exercise program. It also was noted the patient failed a trial of TENS unit and medications. Despite the patient's report of effect on her pain, there is little documentation of functional improvement or reduction in medications with use of an H-wave unit. Additionally, the guidelines state that the criteria includes patients who are unresponsive to conventional therapy to include physical therapy, medications, and a TENS unit. Although it was noted the patient failed medications and a TENS unit, there is no documentation of a significant trial of formal physical therapy. For these reasons, the requested service is non-certified.