

Case Number:	CM13-0036724		
Date Assigned:	01/10/2014	Date of Injury:	12/06/2012
Decision Date:	03/20/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/21/2013

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, has a subspecialty in Pain Medicine 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:

This patient is a 40-year-old female who injured her neck and upper extremities on 10/01/2013 while picking up a bucket of water. Patient's prior treatment included a TENS unit 06/2013 to 07/2013. The patient had pain pills and an x-ray of the left hand was done. Patient did not have therapy. Patient was treated by a chiropractor, [REDACTED] from 02/2013 - 09/2013. Patient used an H-wave and felt a little better. Medications taken were Tylenol, one tablet every eight hours. EMG/NCS dated 11/26/2013 revealed mildly prolonged left distal median motor and sensory latencies. All other conduction studies were within normal limits. A clinic note dated 10/01/2013 indicates patient was alert and cooperative. The exam showed cervical spine: rotation right 40°, left 60°, cervical extension 10°, flexion within normal limits. Both shoulders: abduction and flexion 130°, with complaint of pain. Both upper extremities reflexes: biceps/brachioradialis/triceps nonreactive. Sensation to pinprick; right upper extremity within normal limits, left upper extremity decreased from the shoulder to all the fingers. Radial pulses +2 bilaterally. Tender left hand third metacarpal area. Tender left volar forearm. Patient complained of pain in the volar forearm with gripping and a tender left trapezius. On Neer testing, she complained of pain in her left trapezius. Both lower extremities: reflexes non reactive. No ankle clonus. Sit to stand and gait are within normal limits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device x 1 month rental: Upheld

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

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

Decision rationale: As per the CA MTUS guidelines, 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 (i.e. exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). This patient continues to have neck and left upper extremity pain with numbness and tingling in hands. She was treated by a chiropractor and TENS unit without improvement. A note dated 10/01/2013 indicates she did not have therapy. Thus, the criteria for H-wave stimulation use has not been established and hence the request for 1 month rental of Home H-wave device x1 is non-certified.