

Case Number:	CM13-0037016		
Date Assigned:	12/13/2013	Date of Injury:	12/10/2007
Decision Date:	02/06/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/22/2013

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 Illinois. 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 55-year-old who reported a work related injury on 12/10/2007 as a result of cumulative trauma. The patient subsequently is status post surgical interventions to the right shoulder performed in 2008, carpal tunnel release performed on 03/18/2013 to the right wrist with removal of granuloma. The clinical note dated 08/28/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents for continued complaints of bilateral carpal tunnel syndrome and rotator cuff syndrome. The provider documents the patient's course of treatment since status post a work related injury. The provider documents the patient has undergone x3 right carpal tunnel releases; the most recent having been performed in 03/2013. The provider documents the patient has moderate right hand pain, worse with gripping and reaching, better with rest. The patient reports moderate left radial hand pain, worse with gripping and increasing at night. The provider documents tenderness upon palpation of the right trapezius area, right teres minor and bilateral levators; motion restrictions at the C7-T1 junction; rotation restrictions at C4-5 on the right compensatory to the shoulder. The provider documented range of motion of the right shoulder was 170 degrees elevation, internal rotation of 60 degrees, and external rotation of 100 degrees. The trapezius was very tender; mild pain in O'Brien position and crossover testing at the posterior capsule and AC joint. Mildly positive Neer and Hawkins testing. The provider documented bilateral positive Tinel's at the wrist. The provider documents the patient has clinical signs of carpal tunnel syndrome to the left and has not had an electrodiagnostic study. The patient is worsening. The provider recommended electrodiagnostic test of the patient's left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave device purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation H-wave stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

Decision rationale: The current request is not supported. The California MTUS indicates H-wave stimulation is not recommended as an isolated intervention but a 1 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, medications and utilization of a TENS. The clinical notes fail to document utilization of this intervention for the patient's chronic pain complaints. The California MTUS indicates a study suggesting the effectiveness of an H-wave device revealed the patient criteria included physician documented diagnosis of chronic soft tissue injury or neuropathic pain in the upper or lower extremity or the spine that was unresponsive to conventional therapy including physical therapy, medications and TENS. There was no evidence that H-wave was more effective as an initial treatment when compared to TENS for analgesic efforts. Given all the above, the request for H-wave device purchase is neither medically necessary nor appropriate.