

Case Number:	CM13-0038868		
Date Assigned:	12/18/2013	Date of Injury:	05/11/2011
Decision Date:	05/15/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 injured worker is a 42-year-old female who reported injury on 05/11/2011. The mechanism of injury was not provided. The injured worker underwent a right cubital tunnel release on 04/04/2013. The documentation of 09/03/2013, in the form of a primary treating physician's progress report addendum, indicated the injured worker should have the purchase of an H-wave device due to the injured worker's complaints of pain and the injured worker exhibiting impaired activities of daily living. The injured worker's diagnosis was sprains and strains of wrist and hand. The documentation indicated the injured worker had trialed a TENS unit with no adequate relief. The request was made for the purchase of an H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment in Workers Compensation, 5th Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 117.

Decision rationale: California MTUS Guidelines do not recommend H-wave stimulation as an isolated intervention; however, it is recommended for a 1 month trial for neuropathic pain if used as an adjunct to a program of evidence based restoration and only following failure of initially recommended conservative care including physical therapy, medications, and a TENS unit. The injured worker trialed a TENS unit with minimal relief. The clinical documentation submitted for review failed to indicate the injured worker had utilized a trial of the H-wave prior to the request for purchase. There was a lack of documentation indicating the injured worker had failure of physical therapy and conservative care. Given the above, the request for H-Wave purchase QTY: 1.00 is not medically necessary.