

Case Number:	CM13-0041485		
Date Assigned:	12/20/2013	Date of Injury:	01/20/2010
Decision Date:	02/20/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/15/2013

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 Family Practice 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 40-year-old female who reported an injury on 01/20/2010. The mechanism of injury was no provided. The patient was noted to have failed a TENS unit in the past. The patient was noted to have failed gabapentin, Lidoderm patches, Nortriptyline, Percocet, fentanyl, Lyrica, and Cymbalta. The patient was noted to have deferred to an SCS (spinal cord stimulator) trial. The patient's pain was noted to be in the right arm, right shoulder, right elbow, and bilateral hands. The patient's pain was noted to be made worse by physical activity. The patient's diagnoses were noted to include ulnar neuropathy, neuralgia, pain in limb, disturbance of skin sensation, and other chronic pain. The request was made for an H-wave.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

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

Decision rationale: California MTUS guidelines do not recommend H-wave stimulation as an isolated intervention, however, recommend a one-month trial for neuropathic pain or chronic soft

tissue inflammation if used as an adjunct to a program of evidence based 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). The clinical documentation submitted for review indicated the patient had failed oral medications and a TENS unit; however, there was a lack of documentation indicating the patient had failed recommended physical therapy. Additionally, there was a lack of documentation indicating whether the unit would be for purchase or rental. Given the above, the request for home H-wave device, rental or purchase is not medically necessary.