

Case Number:	CM13-0042622		
Date Assigned:	07/18/2014	Date of Injury:	09/24/2012
Decision Date:	08/25/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/31/2013

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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow, hand, and wrist pain reportedly associated with cumulative trauma at work between the dates of August 12, 1991 through September 24, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; unspecified amounts of occupational therapy; and an ergonomic evaluation. In a utilization review report dated October 9, 2013, the claims administrator denied a request for home H-wave device one-month rental. A variety of non-MTUS guidelines were cited, including non-MTUS Third Edition ACOEM Guidelines. The applicant's attorney subsequently appealed. In a handwritten note dated October 7, 2013, the applicant was given a rather proscriptive 10-pound lifting limitation, which apparently was accommodated by the applicant's employer. The applicant did report ongoing complaints of elbow and wrist pain. Home exercises and bracing were endorsed. The H-wave device was apparently requested via a handwritten request for authorization dated August 29, 2013. In a progress note of the same day, also handwritten and somewhat difficult to follow, the applicant was asked to continue physical therapy, home exercises, bracing, and icing.

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 x one month: Upheld

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

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

Decision rationale: As noted on page 117 of the MTUS Chronic Medical Treatment Guidelines, H-wave stimulation is tepidly endorsed as a fourth line option in the treatment of diabetic neuropathic pain and/or chronic soft tissue inflammation following failure of initially recommended conservative care, including physical therapy, home exercises, medications, and a conventional TENS unit. In this case, the applicant is apparently concurrently receiving physical therapy and participating in home exercise. There is no evidence that the physical therapy/occupational therapy and/or home exercises, which the applicant is currently performing, are insufficient here. In fact, the fact that the applicant is maintaining successful return to work status at the [REDACTED] through conventional physical therapy and home exercises effectively obviates the need for proposed H-wave stimulation device. Therefore, the request for Home H-wave device rental x one month is not medically necessary.