

Case Number:	CM13-0043463		
Date Assigned:	12/27/2013	Date of Injury:	02/15/2009
Decision Date:	02/21/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/24/2013

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 was a 73 year old male with a history of left upper extremity numbness and pain noted as resulting from repetitive strain. The patient underwent a left 1st dorsal compartment release on 01/30/2013. The patient later underwent a left radial tunnel release, radial nerve decompression of the forearm and release of the lateral epicondyle on 08/02/2013. The patient was seen on 09/30/2013 which documented the patient as having some soreness at night, doing well following the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Home H-Wave device (one month): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, page 117. Page(s): 117.

Decision rationale: The request for Home H-Wave device (one month) is non-certified. The patient was noted as having soreness to her left arm on 09/30/2013. However, the documentation submitted for review did not address follow-up care for the patient. The California MTUS guidelines do not recommend the use of H-wave stimulation as an isolated intervention. The

documentation submitted for review did not address adjunct conservative care such as physical therapy for the patient. The guidelines recommend H-wave therapy in patient when other modalities have failed to include the use of a TENS unit. The documentation did not address whether the patient had attempted therapy with TENS. It was noted the patient was not taking medication and was doing well without further intervention documented. Furthermore, the request did not specify whether the unit was for purchase or rental. The guidelines recommend rental for a trial period. Given the information submitted for review the request for Home H-Wave device (one month) is not medically necessary and appropriate.