MAXIMUS Federal Services

Case Number:	CM13-0044753		
Date Assigned:	12/27/2013	Date of Injury:	06/28/2012
Decision Date:	08/28/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/01/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 55-year-old female who reported an injury on 06/28/2012. The mechanism of injury was not provided. On 12/05/2013, the injured worker presented with discomfort in her palms. Upon examination, there was full thumb and wrist motion. There was also tenderness to the radial pillars of the proximal palms. The diagnoses were quiescent right lateral epicondylitis 1 month post steroid injection, quiescent right carpal tunnel symptoms with radial pillars pain 6 months post surgery, and near complete relief of left carpal tunnel syndrome. Prior therapy included a steroid injection and medications. The provider recommended an H-Wave device due to slow recovery. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME-H-Wave Device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulator.

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

Decision rationale: The request for a DME H-Wave device is not medically necessary. CA MTUS guidelines do not recommend the H-Wave as an isolated intervention. It may be considered as a noninvasive conservative option for diabetic neuropathic or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only if following failure of initially recommended conservative care, including recommended physical therapy, medications, and transcutaneous electrical nerve stimulation (TENS). The medical documentation did not address any prior conservative treatment, including home exercise. Furthermore, there was no mention of an adequate TENS trial. The provider's request neither indicates the site at which a DME H-Wave device was intended for in the request as submitted nor whether the H-Wave device is going to be rented or purchased. As such, the request is not medically necessary.