

Case Number:	CM13-0049321		
Date Assigned:	12/27/2013	Date of Injury:	11/08/2011
Decision Date:	02/28/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/08/2013

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 Physical Medicine & Rehabilitation, 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:

This is a 53 year-old female with an 11/8/11 industrial injury claim. She has been diagnosed with bilateral CTS, s/p right CTR on 5/22/12, s/p left CTR on 8/29/12 with persistent numbness, tingling and pain at the right wrist. According to the 10/3/13 report, she is working full duty using a computer. She recently had 35% improvement overall with 8 acupuncture sessions, and has been recommended for right carpal tunnel injections. She has been using an H-wave unit for 3-5 times a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-118.

Decision rationale: According to the 11/27/12 hand surgery report from [REDACTED], the H-wave was first used post-operatively for the CTR for inflammation. [REDACTED] states a 1-month course was needed, then it can be discontinued. The 10/3/13 report from [REDACTED] states the patient is still using the h-wave and has not received the permanent issue yet. I have reviewed the

10/19/13 appeal from ██████████ for the H-wave. He provides research articles supporting efficacy of h-wave therapy. For this IMR, I am required to follow the LC4610.5(2) definition of medical necessity. LC4610.5 (2) states: "Medically necessary" and "medical necessity" mean medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury and based on the following standards, which shall be applied in the order listed, allowing reliance on a lower ranked standard only if every higher ranked standard is inapplicable to the employee's medical condition: (A) The guidelines adopted by the administrative director pursuant to Section 5307.27. (B) Peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service. (C) Nationally recognized professional standards. (D) Expert opinion. (E) Generally accepted standards of medical practice. (F) Treatments that are likely to provide a benefit to a patient for conditions for which other treatments are not clinically efficacious." MTUS does discuss h-wave units and states a 1-month trial of H-wave is an option for: "chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional 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 progress notes did not show a failure of initially recommended conservative care. ██████████ stated acupuncture helped 35% overall. There was no discussion on failure of PT, or medications, or a TENS trial. Furthermore, there is no discussion of functional improvement in the 11-months the patient has been using the H-wave. The request is not in accordance with MTUS guidelines.