MAXIMUS Federal Services

Case Number:	CM13-0054638		
Date Assigned:	12/30/2013	Date of Injury:	08/23/2011
Decision Date:	03/13/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/19/2013

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 Orthopedic Surgery and is licensed to practice in Georgia and Texas. 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 53-year-old female who reported injury on 08/23/2011. The mechanism of injury was stated to be the patient's left thumb got stuck in conveyor rollers while they were running. The patient was noted to undergo left thumb surgery and a carpal tunnel release in 02/2012. In the physician's letter of reconsideration for the H-wave medical device it was indicated that the purpose of the treatment was to reduce and/or eliminate inflammation and accelerate healing assisting the patient in an increased functional capacity. The patient stated that the device positively helped. The patient's diagnoses were noted to be carpal tunnel syndrome/CRPS, pain and joints, hand. The request was made for a home H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device LT Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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). Clinical documentation submitted for review indicated the patient had significant pain in the median distribution, significant loss of sensation and significant limitation of motion and strength. It was indicated the patient had worked hard with rehabilitation but had not significantly improved. In the physician's letter of reconsideration for the H-wave medical device it was indicated that the purpose of the treatment was to reduce and/or eliminate inflammation and accelerate healing assisting the patient in an increased functional capacity. The patient stated that the device positively helped. However, there was lack of documentation indicating that the patient would be using the H-wave along with a program of evidence-based restoration and that the patient had trialed and failed a TENS unit. There was lack of documentation per the submitted request whether the unit was for purchase or for a 1 month trial. The physician's documentation indicated it would be for a 1 month trial. Given the lack of documentation of a trial of a TENS unit as well as an indication that it would be used as an adjunct to a program of evidence-based restoration, the request for a home H-wave device left wrist is not medically necessary.