

Case Number:	CM13-0056674		
Date Assigned:	12/30/2013	Date of Injury:	06/17/2012
Decision Date:	05/12/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/22/2013

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 and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a male patient with the date of injury of August 17, 2012. A progress report addendum dated October 7, 2013 identifies subjective complaints/objective findings of pain and impaired activities of daily living. The patient reported his pain dropped from 6/10 to 2/10 for a 67% improvement after one initial treatment with the home H-wave. Overall the patient stated that their range of motion and/or function increased. Diagnoses include right wrist traumatic flexor/extensor tendon tenosynovitis, right wrist TFCC tear, right wrist mild carpal tunnel syndrome, and status post right wrist arthroscopy of TFCC repair as of 3/28/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H WAVE DEVICE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114, 117-118.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic

neuropathic pain, or 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 and medications plus TENS. Within the documentation available for review, there is mention of improvement in pain and function with a trial of an H-wave unit. However, there is no documentation that a 30-day trial has been completed or that the H-wave unit was used as an adjunct to a program of evidence-based functional restoration. In the absence of such documentation, the currently requested Home H Wave Device is not medically necessary.