

Case Number:	CM13-0057997		
Date Assigned:	12/30/2013	Date of Injury:	01/17/2009
Decision Date:	04/09/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	11/26/2013

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 Internal Medicine, Pulmonary Diseases 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 reported an injury on 01/17/2009. The mechanism of injury was not provided. The patient had a left carpal tunnel release on 02/12/2013. The documentation of 11/12/2013 revealed the patient was having a flare-up of pain. The patient was having an increase of pain and swelling on the palm of her left hand and a flare-up of her trigger finger pain along with numbness in the fingers and thumb, per the patient. Objectively the patient was noted to have positive tenderness and focal swelling over the A1 pulley of the 3rd finger and was noted to have positive triggering. The patient's medications were noted to be Norco, Gabapentin, Cymbalta, Cyclobenzaprine, Fentanyl patches, and Methadone. The treatment plan was noted to include an H-wave unit. The patient's diagnoses were noted to be chronic pain syndrome and status post left carpal tunnel release and forearm/wrist sprain. The DWC Form RFA indicated the request was for a 1 month home use evaluation of the H-wave device. The physician's progress addendum indicated the patient had trialed physical therapy and/or exercise, had a clinical or home trial of a TENS unit, and TENS was not indicated for the patient's complaints and goals, and the patient had trialed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for an H-wave unit and supplies (rental or purchase): Upheld

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

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 in isolated intervention; however a 1 month trial is appropriate 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 physical therapy and medications plus transcutaneous electrical nerve stimulation. Clinical documentation submitted for review failed to indicate the patient would be using the H-wave stimulation unit as an adjunct to a program of evidence-based restoration and that the patient had failed initially recommended conservative care including physical therapy and medications plus transcutaneous electrical nerve stimulation. The request as submitted failed to indicate whether the request was for purchase or for rental. The request as submitted failed to indicate the supplies that were needed. Given the above, the request for an H-wave unit and supplies rental or purchase is not medically necessary.