

Case Number:	CM13-0060396		
Date Assigned:	05/07/2014	Date of Injury:	05/05/2000
Decision Date:	06/12/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/03/2013

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 Occupational Medicine 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:

The patient is a 53 year old female with a history of chronic pan-spinal pain and bilateral carpal tunnel syndrome. DOI 1/8/96;5/05/200 CT. She has been treated with medications for her chronic pain and has had physical therapy. She has had bilateral carpal tunnel release with a revision of the right wrist and on 1/11/10 she undersent a L4-5 microdisectomy. She has had multiple med-legal evaluations. There are no records of prior (TENS) transcutaneous electrical nerve stimulation unit trials and she is not currently in any active functional restoration program, either home based or formally structured.

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 H-Wave Stimulation.

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

Decision rationale: Guidelines present very strict standards before the trial or purchase of an H-wave unit is recommended. There should be a prior reasonable trial of a usual and customary TENS unit and it should used in conjunction with an active functional rehabilitation program.

Neither of these conditions are met which leads to the conclusion that the H-wave device is not medically necessary per Chronic Pain Medical Treatment Guideline standards.