

Case Number:	CM13-0067051		
Date Assigned:	01/03/2014	Date of Injury:	06/12/2010
Decision Date:	05/22/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/17/2013

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 29-year-old female with date of injury 6/12/2010. The most current medical report, a primary treating physician's progress report, dated 12/2/2013, lists subjective complaints as pain in her bilateral hands, bilateral wrists, neck and upper back. The patient has been using H-wave daily and reported significant pain relief and improved function. Objective findings: examination of the cervical spine revealed no loss in upper extremity strength. Sensation was intact, although slightly decreased. There was tenderness over the cervical paraspinals with related myofascial restrictions in right upper trapezius to occiput. Tenderness was noted over the facet joints, and anterior and posterior shoulder. Cervical range of motion was reduced in all planes secondary to pain and tightness. Tinel's and Phalen's test were positive on the right; Finkelstein's was positive bilaterally. The diagnosis are: 1). Tenosynovial bilateral hands/wrists 2. Sprain bilateral forearm/right elbow. 3). Carpal tunnel syndrome. 4). Tendonitis of elbows and forearms bilaterally. 5). Lateral epicondylitis. 6). Medial epicondylitis 7). Neck sprain. 8). Degenerative disc disease, cervical.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE PURCHASE FOR THE NECK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT)..

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

Decision rationale: From the documentation submitted for review, the patient has reported relief of her pain with the H-Wave unit. However, the MTUS guidelines do not recommend the device as an isolated intervention. There is no evidence that H-Wave is more effective as an initial treatment when compared to transcutaneous electrical nerve stimulation (TENS) for analgesic effects. As such, the request for Home H-Wave device purchase for the neck is not medically necessary.