

Case Number:	CM13-0070905		
Date Assigned:	01/17/2014	Date of Injury:	12/03/2009
Decision Date:	04/24/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/26/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for trigger finger, carpal tunnel syndrome, arthritis, and arm pain reportedly associated with an industrial injury of December 3, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier trigger finger release surgery; multiple hand and wrist corticosteroid injections; and carpal tunnel release surgery in 2010. In a progress note of July 29, 2013, the applicant was described as presenting with bilateral thumbs CMC joint DJD. Corticosteroid injections were endorsed. Work restrictions were placed. It was not clearly stated whether the applicant was working. In an October 28, 2013 progress note, the applicant states that she has improved with therapy. She is asked to pursue additional physical therapy. She is given a work restriction of "no scooping of ice cream." Again, it is unclear whether the applicant's employer is able to accommodate this limitation, which has seemingly remained in place at various points throughout 2013. On August 26, 2013, the applicant was given a prescription for enteric-coated Naprosyn. Also reviewed are multiple forms in the H-Wave vendor, countersigned by the applicant's physical therapist, seeking authorization for a one-month trial of the H-Wave home care system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device 1 month rental, 1-2 times daily for 30-60 minutes each session or PRN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation topic Page(s): 117.

Decision rationale: As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, H-Wave home care systems are tepidly endorsed as a fourth-line treatment in applicants with chronic soft tissue inflammation and/or diabetic neuropathic pain who have tried and/or failed first, second, and third-line treatments including time, medications, physical therapy, home exercises, and a conventional TENS unit. In this case, however, these criteria have not been met. It does not appear, based on the attending provider progress notes, that the applicant has tried and/or failed a conventional TENS unit. The applicant is, moreover, described as responding favorably to oral Naprosyn and conventional physical therapy, effectively obviating the need for the H-Wave rental. Therefore, the request is not certified, on Independent Medical Review.