

Case Number:	CM13-0072197		
Date Assigned:	01/17/2014	Date of Injury:	12/21/2011
Decision Date:	05/29/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/30/2013

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 56 year old female who injured her right hand/wrist on 12/21/11 after repetitively using wire cutters associated with her job. She was later diagnosed with a wrist sprain. She had wrist surgeries that later caused her to have instability of her wrist, for which she later had a right wrist radioulnar joint capsular repair and wrist synovectomy on 8/22/13. She was also diagnosed during the course of her treatment with complex regional pain syndrome, carpal tunnel and cubital tunnel syndrome as well as shoulder tendinopathy and elbow lateral epicondylitis. According to the notes provided, she also used medications, including tramadol and hydrocodone to help alleviate her wrist pain, but pain was still rated at a 8/10, decreased range of motion, when using her wrist while on medications. She also was treated with physical therapy, prescribed for 2 times per week for 6 weeks following the surgery, which only a few session notes were seen in the provided documents, but also included the use of an H-wave Final Determination Letter for IMR Case Number CM13-0072197 3 device and hot pack each time she had a session. She also was taught a home exercise program. No notes in the provided documents discussed if she was able to finish the physical therapy successfully and if she benefitted from it, since there was only evidence of 5 physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAY TRIAL OF H-WAVE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 117-118.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines in the MTUS state that H-wave devices are not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation for up to one month may be considered as a non-invasive 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 including exercise, medications, plus transcutaneous electrical nerve stimulation (TENS). When using the H-wave stimulation device for this one month trial, MTUS states that it may be warranted to combine physical therapy during this period in order to help assess for any functional improvement. To justify continued use of the device, the provider needs to document improvements in function related to the devices use. Although there was a document seen in the provided documents with the patient's name on it suggesting she had tried medication, physical therapy, and TENS, signed by her physical therapist, there are no progress notes explaining how and when these were used and how the worker was assessed for functional improvement or lack thereof. Physical therapy notes from 9/27/13, 10/1/13, 10/4/13, 10/15/13, 10/17/13 discussed no prescription or trial of TENS. Therefore, due to there being no evidence from the provided documents that the worker fully exhausted physical therapy, medications, or TENS the 30-day trial of the H-wave device is not medically necessary.