

Case Number:	CM14-0003677		
Date Assigned:	01/31/2014	Date of Injury:	01/14/2013
Decision Date:	07/02/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/09/2014

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 39-year-old female who has submitted a claim for right carpal tunnel syndrome and right wrist De Quervain's tenosynovitis associated with an industrial injury date of January 14, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of persistent numbness and tingling on the right wrist. Physical examination showed a tender scar over the right wrist. Treatment to date has included NSAIDs, opioids, home exercise programs, physical therapy, steroid injections, and right carpal tunnel release (8/29/13). Utilization review from December 30, 2013 denied the request for H-Wave device x1 month home use evaluation for failure to present evidence of use or failure of a TENS trial. No discussion was given why a TENS unit would be insufficient.

IMR ISSUES, DECISIONS AND RATIONALES

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

H WAVE DEVICE TIMES ONE MONTH HOME USE EVALUATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, H-Wave Stimulation Page(s): 117-118.

Decision rationale: According to pages 117-118 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medication, plus transcutaneous electrical nerve stimulation (TENS). In this case, the patient is status post right carpal tunnel release. In an H-wave request form dated December 17, 2013, the patient reported no benefit from a TENS unit. However, the TENS unit trial seems improper; it only lasted for 20 minutes. In addition, recent progress notes submitted are not very legible; making it hard to determine the patient's current status. It is unclear in the medical records whether there was failure of prior conservative measures. A functional restoration program, i.e., exercise program, to be used in conjunction with the H-wave device was not mentioned. Moreover, the request failed to specify if it is for rental or purchase. Therefore, the request for H-wave device x1 month home use evaluation is not medically necessary.