

Case Number:	CM14-0005202		
Date Assigned:	02/05/2014	Date of Injury:	07/22/2010
Decision Date:	08/18/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/14/2014

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 Licensed in Chiropractic, 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 30-year-old female who has submitted a claim for left wrist pain associated with an industrial injury date of 07/22/2010. Medical records from 04/11/2013 to 02/05/2014 were reviewed and showed that patient complained of dull left hand pain graded 5/10 with pins and needles sensation. Physical examination of the left wrist revealed decreased wrist extension ROM. The grip strength was intact. Sensation to light touch and DTRs were intact. Treatment to date has included release of the left first dorsal compartment, release of the second dorsal compartment, partial resection, extensor tenosynovectomy, and foreign body excision (June 23, 2011), physical therapy, acupuncture, and pain medications. Utilization review dated 12/17/2013 denied the request for thirty day trial of H-wave unit for home use because there was no documentation of a failed TENS unit trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thirty (30) day trial of h-wave unit for home use: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-120.

Decision rationale: According to pages 117-120 of CA MTUS Chronic Pain Treatment Guidelines, H-Wave stimulation is not recommended as a primary treatment modality, but a one-month home-based H-Wave stimulation trial may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation. It should be 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). A one month trial period of the H-wave stimulation unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the patient has completed at least 24 trials of physical therapy sessions with no documentation of functional improvement. However, there was no documentation of failed TENS trial. It is unclear if there is current active participation in a functional restoration program, a necessary adjunct to H-wave therapy. The request likewise failed to specify the body part to be treated and if the device is for rental or purchase. Therefore, the request for THIRTY (30) DAY TRIAL OF H-WAVE UNIT FOR HOME USE is not medically necessary.