

Case Number:	CM14-0102927		
Date Assigned:	07/30/2014	Date of Injury:	10/31/2013
Decision Date:	09/12/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/03/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 43-year-old female who reported injury on 10/31/2013. The mechanism of injury was cumulative trauma his medications, surgical history and diagnostic studies were not provided. The injured worker underwent 6 sessions of hand therapy, acupuncture and physical therapy. The documentation of 05/05/2014 revealed a request for the purchase of a home H wave device. The documentation indicated the injured worker was utilizing the H wave 2 times per day 30 to 60 minutes per treatment. The documentation indicated the trial of the home H wave was beneficial. The injured worker reported eliminating the need for oral medications due to the use of the H wave device. The injured worker was able to perform more activities and have greater overall function due to the use of the H wave device. The H wave device results in a 90% reduction in pain. The injured worker was noted to have more family interaction. The documentation indicated the injured worker utilized an H wave device from 04/02/2014 through 04/14/2014. The diagnoses were Synovitis and Tenosynovitis. There was no DWC form RFA submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device System qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 171-172.

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

Decision rationale: The California MTUS Guidelines recommend an H wave unit for the treatment of chronic soft tissue inflammation if it is used as an adjunct to a program of evidence based functional restoration for a 1 month trial. The clinical documentation submitted for review indicated the injured worker had utilized the unit for 2 weeks. There was a lack of documentation of a 1 month trial. The request, as submitted, failed to indicate the duration of use and whether the unit was for purchase or rental. Given the above, the request for home H wave device system quantity 1 is not medically necessary.