

Case Number:	CM14-0014363		
Date Assigned:	02/26/2014	Date of Injury:	12/23/2010
Decision Date:	07/08/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/04/2014

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, and is licensed to practice in Texas. 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 51-year-old female who reported an injury on 12/23/2010. The mechanism of injury was not provided in the clinical documentation submitted. Within the clinical note dated 12/16/2013, the injured worker complained of pain between her neck and shoulders, which radiated into the right hand with a weakness and numbness sensation. Upon the physical exam, the provider noted that the injured worker's strength was a 4+/5 in the right finger flexor and intrinsic muscle on the right hand with sensory loss in the right hand, occasionally in the 4th and 5th fingers. Deep tendon reflexes were symmetric. The injured worker had a positive Tinel's sign in the region of the right brachial plexus. The provider noted the injured worker to have a positive Tinel's sign in the right elbow in the distribution of the ulnar nerve. The diagnoses included right thoracic outlet syndrome, right ulnar neuropathy, cervical radiculopathy secondary to a C5-6 disc herniation, musculoligamentous injury and status post anterior cervical discectomy and fusion at C5-6 on the date of 08/09/2013. The provider recommended the injured worker to undergo an electromyography and nerve conduction study. The injured worker has undergone conservative treatment, including physical therapy, medications and a TENS unit. The provider recommended for DME of a home H-wave device to improve the injured worker's ability to participate and increase activities of daily living and experience improved function. The Request for Authorization was provided and dated 01/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: HOME H-WAVE DEVICE: Upheld

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

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

Decision rationale: The request for DME of a home H-wave device is non-certified. The injured worker complained of pain between her neck and shoulders, which radiated to the right hand with weakness and numbness. The California MTUS Guidelines do not recommend the H-wave as an isolated intervention. It may be considered as a noninvasive conservative option for diabetic neuropathy or chronic soft tissue inflammation if used as an adjunct to programs of evidence-based functional restoration and only following the failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation. In a recent retrospective study suggesting the effectiveness of the H-wave device, the patient selection criteria included a physician-documented diagnosis of chronic soft tissue injury or neuropathic pain in the upper and lower extremities or the spine that was unresponsive to conventional therapy including physical therapy, medications and transcutaneous electrical nerve stimulation. The clinical documentation submitted does not address any numbness or weakness to suggest neuropathic pain. The documentation submitted indicated the injured worker to have tried and failed all conservative therapy, including physical therapy, medications and transcutaneous electrical nerve stimulation. However, there was a lack of documentation indicating the length of therapy, which was not provided. There is a lack of objective findings indicating the injured worker to have a diagnosis of chronic soft tissue injury or neuropathic pain. Therefore, the request for DME of a home H-wave device is non-certified.