MAXIMUS Federal Services

Case Number:	CM14-0018186		
Date Assigned:	04/21/2014	Date of Injury:	08/08/2013
Decision Date:	07/02/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/13/2014

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 an employee of [redacted] and has submitted a claim for left wrist De Quervain's tenosynovitis, left wrist strain, and left mid-dorsal rhomboid strain associated with an industrial injury date of 08/08/2013. The treatment to date has included acupuncture, TENS, physical therapy, cortisone injection, and Flector patch. The Medical records from 2014 were reviewed stating that patient complained of pain at left wrist and upper back intermittently. She was doing modified duties. Objective findings showed tenderness at rhomboid muscles. No muscle spasm was noted. Left wrist range of motion was 55 degrees towards flexion, 65 degrees towards extension, 30 degrees towards ulnar deviation, and 20 degrees towards radial deviation. A utilization review from 01/16/2014 denied the request for 30 day trial of H-wave unit because there was no evidence that TENS unit was initially attempted prior to prescribing H-wave unit which is the guideline recommendation.

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 UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines, H-Wave Stimulation.

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

Decision rationale: As stated on pages 117-118 of CA MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT) is not recommended as an isolated intervention, but a one-month home-based trial may be considered as a noninvasive conservative option for 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. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In this case, an appeal letter dated 01/31/2014 stated that the rationale for H-wave unit is to reduce inflammation, to accelerate healing, and to assist in functional restoration. Patient likewise reported that H-wave has positively helped her. Patient already underwent physical therapy, cortisone injection, and TENS unit therapy. However, medical records submitted and reviewed do not indicate the number of previous physical therapy sessions, as well as the duration of usage of TENS unit. Furthermore, there is no evidence that the patient is still continuing self-exercises at home which is the recommended adjunct therapy to H-wave machine. Therefore, the request for 30 day trial of H-wave unit is not medically necessary.