

Case Number:	CM14-0113567		
Date Assigned:	08/01/2014	Date of Injury:	04/01/2013
Decision Date:	09/10/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/18/2014

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 Family Practice 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:

A 27 yr. old female claimant sustained a work injury on 4/1/13 involving the hands and arms. She was diagnosed with forearm tendonitis, DeQuervain's tenosynovitis and epicondylitis. She had undergone a first dorsal compartment release, right lateral epicondylectomy, and radial tunnel release in February 2014. Her pain had been managed with oral analgesics. She had undergone physical therapy and used braces for her hands. A progress note on July 9, 2014 noted the claimant had tenderness over the lateral epicondyles and radial tunnel on the left side. The treating physician recommended H wave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave Unit (Right Lower Arm and Wrist): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

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

Decision rationale: According to the MTUS guidelines, H-wave is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or 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, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In this case there is no documentation of if functional restoration program or use of a tens unit. In addition the length of H wave therapy is not specified. The request for H wave therapy about is not medically necessary.