

Case Number:	CM14-0122598		
Date Assigned:	08/06/2014	Date of Injury:	11/10/2008
Decision Date:	09/22/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/04/2014

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 and Rehabilitation 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 injured worker is a 43-year-old female who reported an injury on 11/10/2008 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her right upper extremity. The injured worker's treatment history included surgical intervention, physical therapy, nonsteroidal anti-inflammatory drugs, corticosteroid injections, and a TENS unit. The injured worker was evaluated on 05/29/2014. It was documented that the injured worker had been using a TENS unit which was helping to assist with pain control. The injured worker reported less pain overall. The injured worker was again evaluated on 07/03/2014. It was documented that the injured worker was having increased pain and numbness in her right hand. Physical findings included a positive Tinel's sign, a positive Phalen's test, and tenderness over the medial and lateral elbow with a positive median nerve compression test. The injured worker's diagnoses included bilateral shoulder impingement right greater than left, status post arthroscopic subacromial decompression of the right shoulder, right arm pain, right carpal tunnel syndrome, right lateral epicondylitis, right medial epicondylitis, right thumb Carpometacarpal synovitis, and mild left carpal tunnel syndrome. The injured worker's treatment plan included a nerve conduction study due to progressive symptoms. The injured worker was again evaluated on 07/18/2014. It was documented that the injured worker had undergone a trial of an H wave unit that provided a significant decrease in the need for oral medications and a decrease in pain levels by approximately 70% allowing an increase in functionality. The injured worker's treatment plan was to continue using the home H wave device. A Request for Authorization form was submitted on 07/18/2014 to support 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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

Decision rationale: The requested home H-wave device is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends ongoing use of an H wave device based on functional improvement resulting from a 30 day clinical trial. The clinical documentation submitted for review indicates on 07/03/2014 that the injured worker has worsening symptoms. Therefore, it is unclear how an H wave device was providing significant pain relief to support ongoing use. Additionally, it is noted that the injured worker was using a TENS unit that did provide pain relief. There is no justification to support the need to progress to an H wave unit when it appears a TENS unit was sufficiently assisting the injured worker with pain control. Furthermore, the request as it is submitted does not specifically identify a duration of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested home H-wave device is not medically necessary or appropriate.