

Case Number:	CM14-0133504		
Date Assigned:	08/27/2014	Date of Injury:	10/01/2012
Decision Date:	10/16/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/20/2014

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 Alabama and Maryland. 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 48 year old female who started to have discomfort in both her wrists at work sometime in 1998. Symptoms progressively got worst and eventually the pain involved her wrists, elbow and shoulder; right side more than left. She was examined, imaging was performed, and pain medication was prescribed to her. She was also started on light duty work, and started physical therapy. However, she did not find relief of her symptoms by the medication/physical therapy available to her. In 2014 she received a cortisone injection to her right shoulder with significant pain relief. The patient also had electrodiagnostic studies performed and was diagnosed with carpal tunnel syndrome for which she uses a brace at night but unable to tolerate it during the day. A decision for a purchase of a home H-wave device is requested and being questioned here.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: Based on the CA MTUS guidelines, H-wave therapy may be used in conjunction to other conservative modalities/treatment for pain relief. Purchase of home H-wave device may be appropriate if patient has had benefit from supervised therapy with the device and failed other conservative management. There is lack of evidence based on the patient's available medical records that patient has tried, and had benefits from the device , both in function and pain. Therefore, based on the guidelines and the medical records made available, the request Home H-wave device purchase is not medically necessary and appropriate.