

Case Number:	CM14-0138629		
Date Assigned:	09/05/2014	Date of Injury:	01/14/2003
Decision Date:	10/14/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/27/2014

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 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 54 year old female who was injured on 01/14/03. The mechanism of injury is not described in the submitted documentation. There is one progress note submitted for review which is of poor copy quality and mostly illegible but appears to indicate the injured worker complains of pain and impaired ADLs. The injured worker is diagnosed with carpal tunnel syndrome. Utilization Review history indicates the injured worker is status post bilateral carpal tunnel release in 1994 and left cubital tunnel release in 2008. A Home Electrotherapy Recommendation and History note dated 06/11/14 indicates the injured worker attempted use of a TENS unit in 2014 for greater than one month with only temporary relief while the device was on. It is reported this treatment provided no lasting effect or improvement with function. It is also noted the injured worker must limit medications due to liver function concerns. An H-Wave Patient Compliance and Outcome Report dated 07/07/14 indicates the injured worker had used the device for 21 days at a rate of 30-45 minutes per treatment, one treatment per day, seven days per week. This report notes the H-Wave provides the injured worker with 50% improvement and the ability to sleep better and decrease medications. Other treatments are listed as physical therapy. The submitted progress note, dated 07/22/14, appears to summarize the Compliance and Outcome Report. The treatment plan includes the purchase of a Home H-Wave Device. Though difficult to read, this note does not appear to include objective physical examination or a medications list. A request for the purchase of a Home H-Wave device was denied by Utilization Review dated 08/12/14 which cited lack of compliance with guideline criteria for the use of an H-Wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Purchase, for wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT). Decision based on Non-MTUS Citation Blue Cross/Blue Shield, Durable Medical Equipment Section, Electrical Stimulation Devices for home use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, H-wave stimulation Page(s): 117-118 of 127.

Decision rationale: The request for Home H-Wave Purchase, for wrists is not recommended as medically necessary. MTUS Chronic Pain Medical Treatment Guidelines support a one-month trial of H-Wave stimulation and state that use of the device which continues beyond the recommended trial should be justified by documentation. This documentation should include the outcomes of the trial in terms of pain relief and function. The submitted records did not include objective evidence of functional improvement as a result of H-Wave use. There were no physical examinations submitted for review. Guideline criteria for the use of an H-Wave includes failure of initially recommended conservative care to include physical therapy, medications and TENS trial. The records submitted for review did not include physical therapy notes or clinical notes approximating the timeframe during which the TENS unit was used. As such, there is no objective evidence revealing failure to respond to these conservative measures. Guidelines further state, "H-wave stimulation is sometimes used for the treatment of pain related to a variety of etiologies, muscle sprains, temporomandibular joint dysfunctions or reflex sympathetic dystrophy. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain, since there is anecdotal evidence that H-Wave stimulation helps to relax the muscles, but there are no published studies to support this use, so it is not recommended at this time." Based on the clinical information provided, medical necessity of a Home H-Wave purchase for the wrists is not established.