MAXIMUS Federal Services

Case Number:	CM14-0154717		
Date Assigned:	09/24/2014	Date of Injury:	09/16/2013
Decision Date:	10/29/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/22/2014

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 patient is a 36 year old male who was injured on 09/16/2013 while performing his usual and customary work related duties as a light technician. The patient underwent left carpal tunnel release on 01/17/2014. The patient has trialed a TENS unit but did not provide him with much relief. Diagnostic studies reviewed include EMG/NCV (date is unknown) revealed severe right cubital tunnel and no carpal tunnel syndrome and left moderate cubital tunnel and moderate carpal tunnel syndrome. Hand therapy note dated 07/25/2014 states the patient presented with complaints of stiffness in his fingers with pain in ulnar FA. He reported moderate to severe thumb pain when trying to pinch something. He also complained of bilaterally shoulders and neck pain when he raises his arms up. Objective findings on exam revealed grip strength 3 point pinch revealed on right an average 4 with +1 lbs; lateral pinch at position 2 revealed 8 averages with +1 lbs and 26, 24, 20 with +10 lbs on the right. The left hand revealed 13 averages which no change from before and grip strength of 43, 43, and 43 with +2 lbs. The patient is diagnosed with high ulnar nerve irritation bilaterally. The patient was recommended for an H-wave unit for home use. The 8/8/14 QME note documented pain is 0/10 with Naprosyn, splint, ice, heat, and H-wave. Prior utilization review dated 09/17/2014 by [redacted] states the request for Home h-wave device, purchase/indefinite use is denied as it is not supported as medically necessary.

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/indefinite use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapyTENS (Transcutaneous electrical ner.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG) Pain, H Wave Device

Decision rationale: As per MTUS guidelines, H-wave unit 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 the medical records, there is no documentation of trial and failure of TENS unit, participation in functional restoration and functional benefit from using H wave machine. Such as, Home h-wave device, purchase/indefinite use is not medically necessary.