

Case Number:	CM14-0157900		
Date Assigned:	10/01/2014	Date of Injury:	10/25/2007
Decision Date:	11/04/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/26/2014

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 Occupational Medicine 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:

CLINICAL SUMMARY: The applicant is a represented [REDACTED] employee who has filed a claim for chronic hand and finger pain, trigger finger, carpal tunnel syndrome, and cubital tunnel syndrome reportedly associated with an industrial injury of October 25, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; corticosteroid injection therapy; and unspecified amounts of physical therapy. In a Utilization Review Report dated September 12, 2014, the claims administrator denied a request for an H-Wave device, invoking a variety of MTUS and non-MTUS guidelines, including Third Edition ACOEM Guidelines. The claims administrator stated that the applicant had not previously tried and/or failed the TENS unit before the H-wave device at issue was considered. The applicant's attorney subsequently appealed. In a progress note dated May 15, 2014, the applicant reported persistent complaints of hand pain and trigger finger. The applicant was given tramadol for pain relief. The applicant's work status was not furnished on this occasion. On June 26, 2014, it was stated that the applicant was working regular duty and was doing very well in respect to his carpal tunnel syndrome. In an October 14, 2014 appeal letter, author unknown, it appears that the device vendor appealed the previously denied H-Wave device. The author of the October 14, 2014 appeal attached a variety of supporting forms from the device vendor. It was suggested that the applicant had been given a free 30-day trial of the H-Wave device. The applicant reported in an August 15, 2014 questionnaire that the H-Wave device had been beneficial in terms of increasing his ability to lift more and perform greater amounts of housework. The note did comprise, in large part, of preprinted checkboxes.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Stimulator Unit purchase right-hand, right-wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, a one-month trial for an H-wave stimulator device can be considered as a noninvasive option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of functional restoration following failure of other recommended conservative care, including conventional physical therapy, medications, and a conventional TENS unit. In this case, there is no concrete or tangible evidence of the failure of physical therapy, medications, and/or home exercises. If anything, the attending provider's commentary in May 2014 suggested that the applicant was using and tolerating oral tramadol without any difficulty or impediment. The applicant was working regular duty as of May 2014, i.e., well before the H-Wave device in question was introduced. The applicant's favorable response to corticosteroid injection therapy, physical therapy, and tramadol, thus, effectively obviates the need for the H-Wave stimulator device. Therefore, the request is not medically necessary.