

Case Number:	CM14-0158098		
Date Assigned:	10/01/2014	Date of Injury:	02/12/2014
Decision Date:	10/28/2014	UR Denial Date:	08/28/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 64 year old male with an injury date of 2/12/14. Based on the 8/07/14 progress report by [REDACTED] this patient complains of "numbness ulnar side of hand" and "pain at site of nerve graft harvest/ankle with stiff weak legs." Exam shows "numbness in ulnar nerve distribution, including dorsum of hand" and "Tinel's strong 2 cm proximal to wrist." Also, there is "mild intrinsic wasting, clawing ring and small fingers" and positive Wartenburg's sign." Grip R 120, L 35 lbs; key pinch R 22, L 6 lbs. Work status as of 8/07/14: "Return to work immediately with following restrictions: No use of left hand for more than 10 lbs. push/pull/lift." Diagnosis for this patient is: Ulnar nerve laceration, left, subsequent encounter. The utilization review being challenged is dated 8/28/14. The request is for a H-wave medical device - purchase. The requesting provider is [REDACTED] and she has provided various reports from 3/01/14 to 9/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Medical Device - Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT).

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

Decision rationale: This patient presents with ulnar numbness. The treater requests the H-wave medical device - purchase. MTUS guidelines do not recommend H-wave stimulation (HWT) 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 tissues 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). TENS was used multiple times in March and April in the clinical setting and did not provide adequate relief/benefit, "H-wave provided the most relief." After 15 days of trial use for the ulnar nerve, the 4/24/14 survey noted pain level of 6/10 right before use (0-no pain, 10-extreme pain) with an improvement of 30% after H-Wave usage. However, this patient also reported that H-wave usage did not decrease or eliminate amount of medication taken, even after two treatments per day for seven days a week for 30-45 minutes, in spite of feeling that his range of mobility increased. While the 8/07/14 progress report notes "using H-wave 2x/day-helps with pain significantly," there is no documentation of medication reduction. Furthermore, there is no mention of specific functional improvements, or documentation for the purchase of the H-wave medical device as a medical necessity. Recommendation is for denial.