

Case Number:	CM14-0179122		
Date Assigned:	10/31/2014	Date of Injury:	04/21/2009
Decision Date:	12/08/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/27/2014

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 Internal 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:

The injured worker (IW) is a 54-year-old woman with a date of injury of April 21, 2009. Her work duties were clerical in nature and required repetitive gripping, grasping and bending of the elbows and wrists. As a result of performing these activities, the IW developed pain in the shoulders elbows, wrists and hands. She also reported developing hypertension and anxiety, as well as sleep disturbances due to work stressors and chronic pain. The IW has a history of stroke, for which a neurologist is following her. There is an orthopedic note in the medical record dated December 16, 2013, which is the most recent and the final evaluation related to the injured worker's industrial injuries according to the provider. The documentation indicates the IW did not tolerate conservative measures including therapy, and bracing. The IW underwent right carpal tunnel release and DeQuervain's release on April 4, 2013. Left carpal tunnel release and DeQuervain's release was performed on May 15, 2012. Physical examination revealed tenderness to palpation (TTP) over present over the periscapular musculature and upper trapezius muscles bilaterally. Impingement test was positive. Bilateral elbow examination revealed TTP present over the medial and lateral epicondyles extending to the extensor muscle groups bilaterally. Cozen's test was positive bilaterally. Examination of the bilateral wrists revealed TTP present over the flexor and extensor tendons extending to the muscle groups. Finkelstein's test is negative bilaterally. The IW was diagnosed with bilateral shoulder strain with bursitis and tendinitis of the left with tendinopathy and acromioclavicular degeneration joint disease of the left per MRI scan; status-post bilateral carpal tunnel release and right DeQuervain's release; bilateral elbow medial and lateral epicondylitis; and history of cerebrovascular accident, deferred to the consulting neurologist. Treatment plan recommendation includes medication management, bracing, a short course of physical therapy, and continuation of home exercises and use of H-wave. There was no documentation as to when the IW started using the H-wave in the medical

record. There is no objective functional improvement documented with the use of the H-wave stimulator in the medical record. The medical records submitted for this review contained over 100 pages of data from an unspecified ortho stimulator that the IW used at home between the timeframe of August 22, 2012 and May 22, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device for Indefinite Use: Upheld

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

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

Decision rationale: Pursuant to the Official Disability Guidelines, home H wave stimulation (HWT) wave device for indefinite use is not medically necessary. The guidelines enumerate the patient selection criteria for H wave stimulation to be medically necessary. They include, but are not limited to: HWT may be considered on a trial basis if other noninvasive, conservative modalities for treatment of chronic pain have failed; a one-month trial basis may be considered following a face-to-face clinical evaluation and physical examination; the reason the physician believes HWT may lead to functional improvement and/or reduction in pain for the patient; tens has been used for at least a month and has not resulted in functional improvement or reduction in pain; PT, home exercise and medications have not resulted in functional improvement or reduction in pain; the one month initial trial will permit the physician to evaluate any effects and benefits. In this case, the physician requested HWT for indefinite use. The one-month HWT trial may be appropriate to permit the treating physician to study the effects and benefits (of the trial) and should be documented (as an adjunct to ongoing treatment modalities with a functional restoration approach) as to how often the HWT unit was used in the outcome in terms of pain relief and function. Trial periods greater than one month should be documented, justified and submitted for review. There is documentation in the record that the injured worker was using an ortho stimulator since 2012. An additional note from December 2013 states "continue use of H wave stimulator". It is unclear from the record when the H wave stimulator was started. The medical record contains approximately 100 pages of print out data from the ortho stimulator. There are no updated notes from 2014 July indicating a 30 day trial of HWT was in effect. The medical documentation indicates subjective improvement from the ortho stimulator (that was in effect since 2012) but no functional objective documentation was documented. Consequently, home H wave device for indefinite use is not medically necessary. Based on the clinical information in the medical record of the peer-reviewed evidence-based guidelines, on H wave device for indefinite use is not medically necessary.