

Case Number:	CM14-0023866		
Date Assigned:	06/11/2014	Date of Injury:	08/05/2011
Decision Date:	07/15/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/25/2014

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 and is licensed to practice in Illinois. 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 47 year old male who reported an injury on 08/05/2011 from an unknown mechanism. The injured worker had a history of biceps tendon rupture, involving right arm. Upon examination on 12/10/2013, the injured worker condition is unchanged. The injured worker reported consistent numbness and tingling along with episodic, shooting pain. The right arm showed normal range of motion, negative Tinel's sign to right elbow, normal strength and muscle tone. The injured worker had diagnoses of cubital tunnel syndrome and post-operative cubital tunnel release on 10/2013. The treatments were not discussed. The medications were not documented. The treatment plan is for H-wave purchase. On 07/13/2013 the injured worker filled out a registration and compliance confirmation which revealed an elimination of medication, increase in activity (ability to lift more, more housework, sleep better, more family interaction and open bottles again). Prior to the H-wave, the injured worker had a pain level of 8/10 with improvement of 80%. The request for authorization form was dated 01/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

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

Decision rationale: The request for H-wave purchase is not medically necessary. The injured worker had a history of biceps tendon rupture involving the right arm. The California Medical Treatment Utilization Schedule (MTUS) guidelines state the H-wave may be considered as a noninvasive conservative option chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration. In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy. The injured worker had lack of documentation to any conventional therapy. Although the injured worker has an H-wave, the information provided on 07/10/2013 showed improvement and on 12/10/13 show consistent numbness and tingling along with episodic, shooting pain (which conflict with the injured worker's improvement in functionality). Also, there is lack of documentation for pain management with use of medications. As such, the request is not medically necessary.