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| Case Number: | CM14-0025646 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 02/17/2010 |
| Decision Date: | 08/05/2014 | UR Denial Date: | 02/14/2014 |
| Priority: | Standard | Application Received: | 02/28/2014 |

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 injured worker is a 42-year-old female with a reported date of injury of 02/17/2010. The injury reportedly occurred when the injured worker tried to catch someone who had passed out at work. The injured worker presented with bilateral wrist pain. According to the clinical documentation provided, previous conservative care included physical therapy. The injured worker returned to work on 12/02/2013 to full duty. Upon physical examination, the injured worker's range of motion to the right wrist revealed dorsiflexion to 60 degrees, palmar flexion to 60 degrees, radial flexion to 15 degrees, and ulnar to 25 degrees. The left wrist range of motion revealed dorsiflexion to 60 degrees, palmar flexion to 60 degrees, radial to 15 degrees, and ulnar to 25 degrees. In addition, the injured worker was noted to have negative Tinel's in the wrists bilaterally. The injured worker's cervical spine range of motion revealed flexion to 50 degrees, extension to 50 degrees, left lateral flexion to 35 degrees, and right lateral flexion to 35 degrees. The range of motion of the bilateral elbows was noted to be full. The clinical documentation indicated the injured worker was utilizing an H-wave device. The clinical note dated 02/05/2014 indicated the injured worker was participating in physical therapy and/or exercise and a clinical home trial of a TENS unit. The injured worker's diagnoses included tennis elbow and sprain/strain of the wrists. The injured worker's medication regimen included Percocet, Flexeril, and Effexor. The request for authorization for a home H-wave device was submitted on 02/24/2014. The physician indicated that after the requested 30 day trial period is over, the decision regarding continuation of treatment will be based on the reported measurable benefits derived from the treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION Page(s): 117.

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

Decision rationale: The California MTUS Guidelines state that H-wave stimulation is not recommended as an isolated intervention, but a 1 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 the failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation. According to the clinical documentation provided for review, the injured worker has been utilizing an H-wave device at home. There is a lack of documentation related to the effectiveness of the H-wave device. There is a lack of documentation related to how often the unit was used, as well as outcomes in terms of pain relief and function. In addition, there is a lack of documentation related to the use of the H-wave system in adjunct to a program of evidence-based functional restoration. Therefore, the request for a home H-wave device is not medically necessary.