MAXIMUS Federal Services

Case Number:	CM14-0025831		
Date Assigned:	06/13/2014	Date of Injury:	12/12/2012
Decision Date:	08/04/2014	UR Denial Date:	02/05/2014
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 Orthopedic Surgery and is licensed to practice in Texas. 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 50-year-old female who reported an injury on 12/12/2012. The mechanism of injury was not specifically stated. The current diagnosis is carpal tunnel syndrome. A request for authorization was submitted on 11/07/2013 for an H wave stimulation unit. It is noted that the injured worker has been previously treated with medications, physical therapy, and TENS therapy without relief. A Patient Compliance and Outcome Report were then submitted on 02/20/2014 following the 71-day use of an H-Wave device. The injured worker indicated that she was able to perform activities of daily living and housework. The injured worker also noted a better sleep quality and more family interaction. It is also noted that the injured worker no longer required prescription pain medication. A primary treating physician's supplemental report was submitted on 02/10/2014 regarding the previous denial of an H wave stimulation device.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE (PURCHASE) E1399: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 117-121 Page(s): 117-121.

Decision rationale: California MTUS Guidelines state H wave stimulation is not recommended as an isolated intervention, but a 1 month home based trial may be considered as a noninvasive conservative option. H wave stimulation should be used as an adjunct to a program of evidence based functional restoration and only following a failure of initially recommended conservative care. As per the documentation submitted, the patient has been previously treated with medications, physical therapy, and TENS therapy without relief. The injured worker documents a 50% improvement in symptoms with an improvement in function following the 71-day use of the H wave stimulation device. Based on the clinical information received and the California MTUS Guidelines, the request can be determined as medically appropriate in this case. As such, the request is medically necessary.