

Case Number:	CM14-0027547		
Date Assigned:	06/04/2014	Date of Injury:	06/17/2013
Decision Date:	07/11/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/04/2014

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 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 25-year-old female who reported an injury on 06/17/2013 due to an injury at work. On the physical examination done on 01/20/2014 the injured worker complains of pain of her shoulder and wrist. The injured worker also states she had difficulty with activities of daily living. On the physical examination it stated that the H-Wave is an evidence based treatment that focuses on functional restoration. The injured worker's diagnoses included carpal tunnel syndrome, bicep tendon rupture and bursitis of the elbow. This is a modality as treatment option by the state of California Medical Treatment Utilization Schedule. It was noted that the injured worker had used the Home H -Wave on 10/30/2013 for 203 days and had signs of improvement using the Home H-Wave. The injured worker stated she had increased in her activities of daily living and was able to sleep better. Per the documentation, the patient had other conservative treatment such as physical therapy and medications. It was noted that the physical therapy and medications failed to recover injured worker back to functional improvement. It was noted the injured worker's pain level was a 9/10 then with the Home- Wave her pain level decreased by 30%. The treatment plan included a renewal of his pain medication and to use the One Home H-Wave Device per request for authorization (RFA). It was noted the injured worker used the Home H-Wave 4 days a week and for 2 times a day for 30 minutes. The request for authorization was not submitted for this request.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand (acute & chronic).

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

Decision rationale: The request for purchase of a Home-H Wave Device is non-certified. The injured worker reported a significant improvement with the use of a Home H-Wave Unit for 203 days. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that a purchase may be considered as a non-invasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidenced-based functional restoration. The injured worker is not currently participating in a physical therapy program. In addition, the request does not include a duration or frequency. Given the above, the request is non-certified.