MAXIMUS Federal Services

Case Number:	CM14-0031599		
Date Assigned:	06/20/2014	Date of Injury:	07/14/2010
Decision Date:	07/21/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/12/2014

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 Neurological Surgery 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 52-year-old female who was reportedly injured on July 14, 2010. The mechanism of injury was stated to be pulling on a tray. The most recent progress note, dated May 22, 2014, indicated that there were ongoing complaints of bilateral wrist pain. Current medications were stated to include Anaprox, Prilosec and Flexeril. The physical examination demonstrated spasms at the bilateral trapezius muscles. There were positive bilateral Finkelstein's test at the wrist and weakness with grip strength. There was also tenderness at the bilateral medial and lateral condyle areas of the elbow. There was an assessment of bilateral wrists De Quervain's tenosynovitis, bilateral lateral and medial epicondylitis and bilateral carpal tunnel syndrome. The plan of care included discontinuing Anaprox and continuing Prilosec and Flexeril. New prescriptions were written for Sprix, Theramine and Sentra. Previous treatment included six acupuncture treatments. A request had been made for the use of an H wave unit and was not certified in the pre-authorization process on February 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 month rental of a home H-Wave device: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines H-wave stimulation.

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

Decision rationale: The use of an H wave unit is recommended as a second line treatment after a one month home based trial of H wave unit stimulation. It is intended for use after failure of primary conservative care including physical therapy, medications and the use of a transcutaneous electrical nerve stimulator (TENS) unit. The attached medical record does not indicate that the injured employee has failed improvement with physical therapy, medications or the use of a TENS unit. This request for the use of an H wave unit is not medically necessary.