

Case Number:	CM14-0035108		
Date Assigned:	06/23/2014	Date of Injury:	02/05/2013
Decision Date:	11/25/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/21/2014

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 Emergency Medicine 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 45-year-old male who reported an injury on 02/05/2013. The mechanism of injury was not provided. On 05/08/2014, the injured worker presented with numbness in the right hand primarily in the 4th and 5th digits. Upon examination, there was tenderness to the right elbow over the medial joint line. There was reduced sensation to the right ulnar nerve distribution and a positive Tinel's of the right elbow. The diagnoses were possible right cubital tunnel syndrome and right hand strain. Prior therapies included medications. The provider recommended a home H wave device for 3 additional months. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device, Three additional months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation.

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

Decision rationale: The request for a home H-Wave Device for 3 additional months is not medically necessary. The California MTUS Guidelines do not recommend H wave as an isolated intervention. It may be considered as a noninvasive conservative option for diabetic neuropathy or chronic soft tissue inflammation if used as an adjunct to a program of evidence based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus the Transcutaneous Electrical Nerve Stimulation (or TENS). The provider's request did not indicate the body for which the H wave device was indicated. Furthermore, the guidelines would support purchase versus extension of rental period after a 1-month trial. The efficacy of the prior use of the H wave device was not provided to support continued use. As such, the medical necessity has not been established.