

Case Number:	CM14-0036063		
Date Assigned:	06/23/2014	Date of Injury:	06/18/2013
Decision Date:	07/25/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/24/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 43 year old employee with date of injury of 6/18/2013. Medical records indicate the patient is undergoing treatment for right carpal tunnel syndrome. Subjective complaints include a pain level that is 5-6 and remains constant. She denies any N/T in her hand and fingers. She has difficulty pulling and putting her pants on. Objective findings include wrist flexion left 90 degrees, wrist extension 80 degrees with slight pain, ulnar deviation left 21 degrees, radial deviation left 15 degrees with slight pain. No pain with PROM of left wrist extension and flexion. Pain with AROM with first digit abduction. Deferred today secondary to post-surgical status 1/13/2014 and patient not being able to take resistance. Grip strength is fair. Grade 1 PPT along left thenar and hypothenar eminence, no edema noted. Grossly intact ULE. Treatment has consisted of Gabapentin, and physical therapy. The utilization review determination was rendered on 3/19/2014 recommending non-certification of a Home H-Wave device x 1 month trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device x 1 month trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT).

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT) is not recommended as an isolated intervention, but a one-month home-based trial of HWave 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 failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. The treating physician does not document a history of diabetic neuropathic pain or chronic soft tissue inflammation and if H-Wave will be used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care. As such, the request for H-wave x 1month is not medically necessary.