

Case Number:	CM14-0036260		
Date Assigned:	06/25/2014	Date of Injury:	09/13/2013
Decision Date:	08/26/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/25/2014

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 and 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:

This patient sustained an injury to her right elbow and wrist, striking it on a packaging machine when packaging fruit on 9/13/13 while employed by [REDACTED]. Request under consideration include One-month rental for H-wave homecare system, for right elbow and right wrist. X-rays of right wrist were negative; right elbow showed possible dorsal olecranon spur fracture. Diagnoses include Upper Limb reflex sympathetic dystrophy. Report of 2/6/14 from the provider noted patient with complaints of numbness and lump over mid right forearm with exam findings of decreased sensation in right third and fourth digits. Treatment included EMG/NCS, H-wave machine. There is no report of previous physical therapy. Report of 2/13/14 from the provider noted the patient with chronic right wrist/forearm pain with impaired range of motion and ADLs. The request for One-month rental for H-wave homecare system, for right elbow and right wrist was non-certified on 2/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month rental for H-wave homecare system, for right elbow and right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation Page(s): 115-118.

Decision rationale: This patient sustained an injury to her right elbow and wrist, striking it on a packaging machine when packaging fruit on 9/13/13 while employed by [REDACTED]. Request under consideration include One-month rental for H-wave homecare system, for right elbow and right wrist. X-rays of right wrist were negative; right elbow showed possible dorsal olecranon spur fracture. Diagnoses include Upper Limb reflex sympathetic dystrophy. Report of 2/6/14 from the provider noted patient with complaints of numbness and lump over mid right forearm with exam findings of decreased sensation in right third and fourth digits. Treatment included EMG/NCS, H-wave machine. There is no report of previous physical therapy. Report of 2/13/14 from the provider noted the patient with chronic right wrist/forearm pain with impaired range of motion and ADLs. The request for One-month rental for H-wave homecare system, for right elbow and right wrist was non-certified on 2/25/14 citing guidelines criteria and lack of medical necessity. There is a report dated 6/19/14 from the provider noting the patient stating "I am returning the H-wave unit- it did not help." It was noted the patient had right breast cancer x 2 years; I have enough pain meds. Exam showed right dorsal forearm lipoma; right proximal forearm muscle atrophy. Diagnoses right forearm regional pain complex; Lipoma. Treatment noted "will return H-wave" and RFA for EMG/NCV. There is no documented failed trial of TENS use. Per guidelines, H-wave is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS) which have not been demonstrated. There is no clinical exam documented with neurological deficits nor are there specifics of what subjective complaints, limitations in ADL, or failed attempts with previous conservative treatments to support for the H-wave unit, not recommended as a first-line approach. Submitted reports have not demonstrated having met these criteria nor is the patient participating in any therapy as part of the functional restoration program. Additionally, it appears the patient underwent a non-certified H-wave trial with noted lack of relief/efficacy with plan to return the unit. The One-month rental for H-wave homecare system, for right elbow and right wrist is not medically necessary and appropriate.