

Case Number:	CM14-0042373		
Date Assigned:	06/30/2014	Date of Injury:	08/13/2008
Decision Date:	08/20/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/08/2014

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 Nevada. 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 records, presented for review, indicate that this 52-year-old male was reportedly injured on August 13, 2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated January 30, 2014, indicated that there were ongoing complaints of wrist pain. The physical examination demonstrated a positive Tinel's test, a positive Finkelstein's test, a positive Phalen's test, and decreased range of motion. Diagnostic imaging studies were not presented for review. Previous treatment included medications, physical therapy. A request had been made for an H-wave device and was not certified in the pre-authorization process on March 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave for right knee and Right Wrist (one month home use evaluation): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT), Transcutaneous Electrotherapy (TENS) Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), pages 117-118 of 127 Page(s): 117-118 OF 127.

Decision rationale: The one-month HWT(H-Wave stimulation) 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. While H-Wave and other similar type devices can be useful for pain management, they are most successfully used as a tool in combination with functional improvement. Therefore, when noting the date of injury, the injury sustained, the multiple locations of a failure for any intervention to have any positive sequelae. There was insufficient clinical data presented to support the medical necessity of this device. The request is not medically necessary.