

Case Number:	CM14-0042387		
Date Assigned:	06/30/2014	Date of Injury:	10/05/2012
Decision Date:	07/30/2014	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 Hand Surgery, and is licensed to practice in Oregon. 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:

According to the medical records, the patient is a 38-year-old male who sustained an industrial injury on 10/5/12. The patient is status post open reduction and radial head implant arthroplasty on 3/11/13. The patient is status post right mini open carpal tunnel release on 1/13/14. He reports that the burning pain in his right wrist prior to surgery has resolved. He does, however, have a sense of generalized coldness to his right hand and wrist. The patient complains of unspecified pain, exhibits unspecified impaired range of motion, and exhibits unspecified impaired activities of daily living. A 30 day evaluation trial the H-wave home care system is recommended. It is noted that the patient has undergone physical therapy and/or exercise, medications, and a clinical trial of TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device, one month trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pages 114, 117 and 118 Page(s): 114, 117 and 118.

Decision rationale: According to California MTUS page 114, H-Wave stimulation devices have been designed and are to be distinguished from TENS based on their electrical specifications. Page 117 states; 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 as an adjunct to a program of evidence based functional restoration, and following failure of physical therapy and medications and TENS unit. Page 118 goes on to state; The one month H-Wave trial may be appropriate to permit the physician and provider licensed to perform physical therapy to study the effects and benefits, and it should be documented as to how often the unit was used as well as outcomes in terms of pain relief and function. Lastly the MTUS discusses a recent meta-analysis which states; the most robust effect observed was improved functionality, suggesting that the H-Wave device may facilitate a quicker return to work and other related daily activities. In this case, the patient has continued burning pain in the entire right arm for which is receiving chronic pain management treatment per the letter dated 4/15/14 from [REDACTED]. The records, however, do not document a trial of TENS. The guidelines are not met. Therefore, the request is not medically necessary.