

Case Number:	CM14-0043725		
Date Assigned:	07/02/2014	Date of Injury:	01/14/2013
Decision Date:	08/20/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/10/2014

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 Internal 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:

Patient is an injured worker with carpal tunnel syndrome. Date of injury was 01-14-2013. Primary treating physician's progress report dated 03-17-2014 documented subjective complaints of hand and wrist swelling, numbness, and tingling. Objective findings included healed surgical scar on the right wrist, tenderness to palpation over the flexor tendons, positive Tinel's and Phalen signs, decreased sensation in the left median nerve. Diagnoses were bilateral forearm, wrist, hand flexor and extensor tendinitis, bilateral wrist carpal tunnel syndrome, right wrist DeQuervain's tenosynovitis and status post right carpal tunnel syndrome. Treatment plan included Voltaren XR, home exercise, H-wave. H-wave patient compliance and outcome report dated 01-07-2014 documented prior therapies included physical therapy and medications, but not TENS. Utilization review decision date was 03-17-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 271-273, Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page 117-118 Electrical stimulators (E-stim) Page 45 Functional restoration programs (FRPs) Page 49 Page(s): 117-118, 45, 49. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG)Forearm, Wrist, & Hand (Acute & Chronic)Electrical stimulators (E-stim)Official Disability Guidelines (ODG)Carpal Tunnel Syndrome (Acute & Chronic)Electrical stimulators (E-stim)TENS (transcutaneous electrical neurostimulation).

Decision rationale: Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints (Page 265) states physical modalities, such as transcutaneous electrical neurostimulation (TENS), have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. Table 11-7 Summary of Recommendations for Evaluating and Managing Forearm, Wrist, and Hand Complaints (Page 271) state that regarding physical treatment methods, passive modalities and TENS units are not recommended. Official Disability Guidelines (ODG) state that electrical stimulators (E-stim) are not recommended for carpal tunnel syndrome, forearm, wrist, and hand conditions. Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses H-wave stimulation (HWT). H-wave and TENS are categorized as types of electrical stimulator (E-stim). H-wave stimulation may be considered for chronic soft tissue inflammation, if used as an adjunct to an evidence-based functional restoration program (FRP), and only following failure of transcutaneous electrical nerve stimulation (TENS). Medical records do not document enrollment in a functional restoration program (FRP), which is a requirement per MTUS guidelines. Medical records do not document failure of TENS, which is a requirement per MTUS guidelines. ACOEM guidelines do not support the use of H-wave stimulation for forearm, wrist, and hand conditions. ODG guidelines do not support the use of H-wave stimulation for carpal tunnel syndrome, forearm, wrist, and hand conditions. Therefore, the request for Home H-Wave Device purchase is not medically necessary.