

Case Number:	CM14-0044601		
Date Assigned:	07/02/2014	Date of Injury:	10/23/2008
Decision Date:	08/29/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/11/2014

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:

The injured worker is a 62-year-old female who reported an injury on 10/23/2008. The mechanism of injury was not stated. Current diagnoses include carpal tunnel syndrome, bilateral hand pain, and type 2 diabetes mellitus. This is a retrospective request for an H-wave unit purchase and 30 day rental issued in 11/2011. However, there was no physician progress report submitted on the requesting date of 11/30/2011. The injured worker was evaluated on 09/17/2012 with complaints of numbness in the left 4th and 5th digits. It was noted that the injured worker was status post bilateral carpal tunnel release in 2008 and 2009. Physical examination on that date revealed decreased sensation in the left 4th and 5th digit with reduced strength and positive cubital Tinel testing. Treatment recommendations at that time included continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request (11/30/11) for H-Wave Unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state H-wave stimulation is not recommended as an isolated intervention, but a 1 month home-based trial may be considered as a non-invasive conservative option. H-wave stimulation should be used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative treatment. There was no documentation of a failure to respond to physical therapy, medication, and TENS therapy. Therefore, the injured worker did not meet criteria for the requested durable medical equipment. As such, the request is not medically necessary and appropriate.

Retrospective Request for Gel #8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 117-121.

Decision rationale: As the injured worker's H-wave stimulation unit has not been authorized, the current request for associated supplies is also not medically necessary.

Retrospective Request for H-Wave for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state H-wave stimulation is not recommended as an isolated intervention, but a 1 month home-based trial may be considered as a noninvasive conservative option. H-wave stimulation should be used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative treatment. There was no documentation of a failure to respond to physical therapy, medication, and transcutaneous electrical nerve stimulation (TENS) therapy. Therefore, the injured worker did not meet criteria for the requested durable medical equipment. As such, the request is not medically necessary.

Retrospective Request for 3 packets of Electrodes #8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 117-121.

Decision rationale: As the injured worker's H-wave stimulation unit has not been authorized, the current request for associated supplies is also not medically necessary.