

Case Number:	CM14-0050092		
Date Assigned:	07/07/2014	Date of Injury:	04/11/2013
Decision Date:	08/01/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/17/2014

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, has a subspecialty in Interventional Spine 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 patient is a 52 year-old female with a 4/11/13 date of injury. She has been diagnosed with s/p repair of nonunion of left humerus (7/10/13); left cubital tunnel syndrome; left carpal tunnel syndrome; left shoulder stiffness. According to the 3/6/14 report from [REDACTED], the patient presents with feeling of instability in the left arm, continued numbness and tingling in the left hand and pain in the left shoulder. The physician requests authorization for left cubital tunnel release and left carpal tunnel release. The H-wave vendor form was signed on 3/6/14, and on 3/31/14 UR recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit and supplies (rental or purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines for TENS, pg114-121, Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: The patient underwent repair of a left humerus fracture and non-union on 7/10/13. According to the 3/6/14 report, the patient presents with feeling of instability in the left

arm, continued numbness and tingling in the left hand and pain in the left shoulder the patient presents with the surgeon requests authorization for left cubital tunnel release and left carpal tunnel release. There is an addendum form from the H-wave vendor that requests the H-wave unit. The medical reports do not discuss the H-wave unit or provide any rationale or discuss the MTUS Chronic Pain Guidelines' criteria for the device. The MTUS Chronic Pain Guidelines' criteria for H-wave states, "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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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)." A purchase of the H-wave is not in accordance with the MTUS Chronic Pain Guidelines, and the patient has not been shown to meet criteria with a program of evidence-based functional restoration, failure of PT, failure of medications and failure of TENS. As such, the request is not medically necessary and appropriate.