MAXIMUS Federal Services

Case Number:	CM14-0055376		
Date Assigned:	07/07/2014	Date of Injury:	09/28/2012
Decision Date:	08/21/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/24/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 65-year-old female who reported an injury on 09/28/2012. The specific mechanism of injury was not provided. Prior therapy included acupuncture, physical therapy, and medications. The documentation of 03/12/2014 revealed a handwritten note that was difficult to read. The treatment plan included a home H-wave unit to help with muscles and swelling at home. The additional treatment plan included a continuation of a home exercise program. There were subjective complaints of right forearm discomfort and swelling with significant grip. The diagnoses included FA (Flexed and Adducts) wrist, EF tendinitis, de Quervain's improved, suspect TFCC (Triangular Fibrocartilage Complex) degeneration, right elbow, possible cubital tunnel syndrome, and subluxed ulnar nerve improved. The physician documented a TENS ((Transcutaneous Electrical Nerve Stimulation) unit is not indicated for the injured worker's complaints. The treatment plan included an H-wave stimulation (HWT) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home EMS Unit (H-wave): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): page 117.

Decision rationale: The California MTUS Guidelines indicate that an H-wave unit is not recommended as an isolated intervention. A 1 month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for neuropathic pain or chronic soft tissue inflammation if it is 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, medications, and transcutaneous electrical nerve stimulation. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of conservative care including recommended therapy and medications. The documentation indicated the physician opined that a TENS unit was not appropriate for the injured worker. The request as submitted failed to indicate whether the unit was for rental or purchase. Given the above, and the lack of documentation, the request for a home EMS unit H-wave is not medically necessary.