

Case Number:	CM14-0060566		
Date Assigned:	07/09/2014	Date of Injury:	01/05/2014
Decision Date:	08/15/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/01/2014

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 patient is a 56 year old with an injury date on 1/5/14. Patient complains of pain across both trapezoidal ridges and numbness in fingers of right hand per 3/27/14 report. Patient has less numbness after using a wrist brace, and is beginning therapy on 2/4/13. Patient is improving about 40% on 2/20/14, and physical therapy is improving her condition greatly. Based on the 3/27/14 report provided by [REDACTED] the diagnoses are: 1. Sprained right wrist 2. Right trapezoid muscle strain 3. Left trapezoid muscle strain 4. Carpal tunnel syndrome Exam on 3/27/14 showed no swelling and tenderness of the anatomical snuffbox, dorsal aspect of hand, palmar aspect of hand, or first carpometacarpal joint. The patient unable to make a full fist with either hand. For the wrist, Tinel's sign of ulnar nerve of right wrist was positive. No tenderness to palpation of radial aspect of wrist, ulnar aspect of wrist, dorsal aspect of wrist, or velar aspect of wrist. Phalen's maneuver negative in medial nerve distribution. Normal range of motion of bilateral wrists. There was no physical exam of the lumbar in provided reports. [REDACTED] [REDACTED] is requesting H-wave for home use. The utilization review determination being challenged is dated 4/3/14. [REDACTED] is the requesting provider, and he provided treatment reports from 3/27/14 to 6/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

H wave for home use: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

Decision rationale: This patient presents with upper back pain, bilateral arm pain, and right wrist pain. The treater has asked for H-wave for home use but the date of the request is not known. On 3/6/14 report, patient tried a TENS and H-wave unit during therapy, and stated the H-wave worked better per 3/27/14 report. Regarding H-wave, MTUS guidelines support home trial if TENS unit has failed if the patient has diagnosis of neuropathy or soft-tissue chronic inflammation. A purchase is recommended if a month-long trial has shown a documented improvement in pain and function. In this case, the treater has asked for H-wave purchase after trying both TENS/H-wave units, but included reports do not provide adequate documentation of pain and function in relation to H-wave usage as per MTUS guidelines. There is no mention of medication reduction, no specifics regarding ADL's (activities of daily living) or function, and no before/after analgesia is provided. The treater does not document how often the patient is using it with what specific effects. In addition, it appears the patient merely tried both the H-wave unit and TENS unit during physical therapy for 3 weeks, which does not meet MTUS criteria for a month-long home trial of either unit. Recommendation is for denial.