

Case Number:	CM14-0067050		
Date Assigned:	07/11/2014	Date of Injury:	10/12/2013
Decision Date:	09/18/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/12/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist and forearm pain reportedly associated with an industrial injury of October 12, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; reported diagnosis with wrist tenosynovitis; and reported return to regular duty work. In a Utilization Review Report dated April 20, 2014, the claims administrator denied a request for an H-Wave device. The applicant subsequently appealed. In a progress note dated April 16, 2014, the applicant was described as using Motrin and Prednisone for forearm and wrist pain. The applicant did not notice any pain over the preceding two weeks, it was stated. Full range of motion about the wrist and forearm was noted with 5/5 strength was noted. The applicant was returned to regular duty work. It appears that the H-Wave device was earlier sought by the device vendor.

IMR ISSUES, DECISIONS AND RATIONALES

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

H wave device: 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 topic Page(s): 117.

Decision rationale: As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, a one-month home based trial of an H-Wave stimulation device is recommended as a non-invasive option for diabetic neuropathic pain and/or chronic soft tissue inflammation only following failure of initially recommended conservative care, including physical therapy, home exercise, medication, and a conventional TENS unit. In this case, however, there is no evidence that the applicant has failed each and all of the aforementioned first-line treatments. The admittedly limited information on file suggests that the applicant has minimal to no residual pain complaints and that the applicant is in fact using and tolerating first-line oral pharmaceuticals such as Ibuprofen. There is, thus, no support for a one-month trial of the H-Wave device, let alone the purchase of the same being sought by the device vendor and/or attending provider. Accordingly, the request is not medically necessary and appropriate.