

Case Number:	CM14-0068538		
Date Assigned:	07/14/2014	Date of Injury:	05/15/2011
Decision Date:	09/10/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/13/2014

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 Geriatrics and is licensed to practice in New York. 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 woman with a date of injury of 5/15/11. She was seen by her primary treating physician on 3/10/14 with complaints of left elbow, thumb and shoulder pain. She had a positive impingement sign on the left shoulder but less tenderness than previously. She was tender over the cubital tunnel - ulnar nerve portion and left thumb CMC joint with a positive CMC grind test. She was tender over the right ulnar nerve at the elbow. Her diagnoses included status post bilateral carpal tunnel releases and left cubital tunnel release with continued ulnar nerve irritation, mild right cubital tunnel syndrome, left shoulder rotator cuff tendinosis - improved and left thumb CMC synovitis. At issue in this review is the request for a home H wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Home 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 9792.20 - 9792.26 Page(s): 118-119.

Decision rationale: The H-wave stimulation is an isolated intervention, but a one-month home-based trial may be considered as a noninvasive conservative option for diabetic neuropathic pain 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). In this injured worker, the records do not substantiate that she has failed other conventional therapy to justify a home H-wave device. Therefore, the request is not medically necessary.