

Case Number:	CM14-0074732		
Date Assigned:	07/16/2014	Date of Injury:	07/27/2011
Decision Date:	09/16/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/23/2014

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 woman with a 07/27/11 injury date. The 02/26/14 progress report by [REDACTED] states the patient presents with pain rated 4/10 to the bilateral upper arms. Since a November, 2001 right carpal tunnel release and a March 2012 left carpal tunnel release she has pain in her thumbs that radiates proximally on the right side to the forearm and the left to the shoulder. The patient also has numbness, tingling, weakness and tremors in the bilateral hands. She also presents with depression due to chronic pain. The patient's diagnoses include bilateral carpal tunnel syndrome and status postoperative left epicondylectomy (09/17/13). The utilization review being challenged is dated 04/22/14. Treatment reports were provided from 11/20/13 to 07/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave Stimulation Unit (purchase): Upheld

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

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

Decision rationale: The patient presents with pain to the bilateral upper arms. The treating physician is requesting the purchase of an H-wave stimulator unit. The California MTUS Guidelines support a one-month home-based trial of H-Wave treatment 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). Per the 02/26/14 report by [REDACTED], "She is reporting benefit from using the H-wave stimulator. This is allowing her to use less medication." Treatment reports also mention completion of 6 sessions of acupuncture therapy (dates unknown) and the patient reports some improvement. There is no discussion or documentation of TENS. It appears the patient has had some benefit from the H-wave home trial; however, the treating physician does not provide documentation of significant improvement in ADLs or a decrease in dependence on continued medical treatment. General statements are not sufficient to document significant functional improvement; therefore, the request for an H-wave stimulation unit (purchase) is not medically necessary.