

Case Number:	CM14-0076026		
Date Assigned:	07/18/2014	Date of Injury:	03/24/2005
Decision Date:	10/24/2014	UR Denial Date:	04/23/2014
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 Pain Management 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:

This is a patient with a date of injury of March 24, 2005. A utilization review determination recommends noncertification for an H-wave device. A progress report dated September 17, 2013 identifies subjective complaints of low back pain and neck pain. Objective examination findings reveal no swelling or scoliosis in the lumbar spine with decreased range of motion and positive straight leg raise. Diagnoses include carpal tunnel syndrome and bilateral ulnar neuritis. The treatment plan recommends Norco, Ambien, and a 30 day trial of H-wave. The note indicates that the patient has previously tried physical therapy and a tens unit. The note indicates that the tens unit was trialed in 2007 both clinically and at home with no adequate relief. The duration of the trial is not specified. An H-wave patient compliance and outcome report indicates that the patient use the device for 31 days and was able to do more housework and reduce pain from 10/10 to 7/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave left elbow and wrist: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114, 117-118 of 127.

Decision rationale: Regarding the request for H-wave unit, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial of H-wave stimulation 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 and medications plus transcutaneous electrical nerve stimulation. Within the documentation there is not indication that the patient has undergone a 30 day tens unit trial as recommended by guidelines. There is no statement indicating how frequently the tens unit was used, and what the specific outcome of that tens unit trial was for this patient. In the absence of such documentation, the currently requested H Wave Device is not medically necessary.