

Case Number:	CM14-0085617		
Date Assigned:	07/23/2014	Date of Injury:	10/05/2012
Decision Date:	09/10/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/09/2014

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 Pain Medicine and is licensed to practice in Texas. 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 39-year-old male who sustained an injury to his right upper extremity on 10/05/12 when he was working on a 120 foot ladder. The injured worker's pants got caught on the rebar causing the injured worker to fall from the ladder. Treatment to date has included splinting, medications, physical therapy, and use of transcutaneous electrical nerve stimulation (TENS) unit, interferential current stimulator, home exercise program, and psychiatric intervention. Plain radiographs of the right shoulder dated 07/02/13 documented dystrophic appearing calcifications. Electrodiagnostic report dated 11/15/13 documented evidence consistent with a moderately severe right carpal tunnel syndrome. The injured worker subsequently underwent open reduction and radial head implant arthroplasty on 03/11/13 and right mini-open carpal tunnel release on 01/13/14. A progress report dated 06/04/14 reported that the injured worker wants to use as little pain medicines as possible and continues with chronic pain, both non-susceptive and effective components.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device 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 (HWT) Page(s): 117-118.

Decision rationale: The previous request was denied on the basis that there was no documentation of a trial of more than one month, which should be justified by documentation submitted in the review. The CA MTUS states that a one month home-based trial of H-wave stimulation may be considered as a non-invasive 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, medications plus transcutaneous electrical nerve stimulation (TENS). There was no documentation of a one month trial and there was no indication that the injured worker is actively participating in physical therapy or a home exercise program in adjunct to H-wave treatment. Given this, the request for home H-wave device purchase is not indicated as medically necessary.