

Case Number:	CM14-0086009		
Date Assigned:	07/23/2014	Date of Injury:	03/09/2009
Decision Date:	08/27/2014	UR Denial Date:	05/20/2014
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 Orthopaedic Surgery 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 46-year-old male transmission mechanic sustained an industrial injury on 3/9/09, due to continuous trauma. The patient is status post right shoulder arthroscopy with acromioplasty, debridement and Mumford procedure on 9/1/09, and right wrist arthroscopy with debridement of the torn scapholunate ligament, partial synovectomy, removal of loose bodies, and chondroplasty of the radius on 3/16/10. The 1/26/12 upper extremity electrodiagnostic study showed bilateral mild carpal tunnel syndrome. The 5/13/14 treating physician report cited bilateral hand/wrist pain and numbness worse in the morning. Symptoms were aggravated by twisting the right wrist and with gripping/grasping. Right wrist exam documented full right wrist range of motion, tenderness to palpation over the ulnar aspect of the wrist and the dorsal aspect of the wrist and forearm. An MR arthrogram was recommended to rule-out new triangular fibrocartilage complex (TFCC) tear versus recurrent scapholunate tear. The treatment plan also recommended TENS unit for home use, and H-wave trial/purchase. The 5/20/14 utilization review denied the request for TENS unit given lack of documentation of a functional restoration program and denied the request for H-wave based on no significant changes in objective findings to warrant purchase. The 5/29/14 right wrist MR arthrogram impression documented a TFCC tear with fracture of the ulnar styloid process and a tear of the scapholunate ligament. The undated appeal letter indicated that the patient had previously trialed a TENS (Transcutaneous Electric Nerve Stimulation) unit without objective improvement or meaningful subjective relief. The H-wave device provided lasting relief between treatments and addressed range of motion, compromised circulation, muscle atrophy, and muscle spasms. This unit allowed the patient to participate in an exercise program at a higher level. Significant functional improvements and increased mobility were documented. The patient reported better sleep, more family interaction, and ability to hold a cup. Medication usage decreased and pain decreased on average 60% with treatment. The patient had

failed conservative treatment with TENS (Transcutaneous Electric Nerve Stimulation) unit, physical therapy and medications alone. The 7/24/14 H-wave patient compliance and outcome report documented 107 days of use. The unit was being used for the wrist. The patient reported better sleep, decreased medication use, increased daily activities, more family interaction, and ability to hold a cup. The patient indicated he used the unit 7 days a week, twice a day for 30-45 minutes with 60% improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The California MTUS do not recommend TENS (Transcutaneous Electric Nerve Stimulation) unit as a primary treatment modality. A one-month home-based TENS unit trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for certain conditions. Supported indications include neuropathic pain, complex regional pain syndrome, phantom limb pain, spasticity in spinal cord injury, and multiple sclerosis. Criteria for the use of TENS include chronic intractable pain with evidence that other appropriate pain modalities have been tried (including medications) and failed. A one month trial of TENS should be documented with pain relief and function. Guideline criteria have not been met. The records indicate that the patient underwent a TENS unit trial and the unit did not help. Given the failure of this trial, continued use is not supported by guidelines. Therefore, this request for one TENS unit for home use is not medically necessary.

H-wave trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

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

Decision rationale: The California MTUS guidelines do not recommend H-wave stimulation as an isolated intervention. A one-month home based H-wave trial may be considered as option for diabetic neuropathy 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 stimulation (TENS). While H-Wave and other similar type devices can be useful for pain management, they are most successfully used as a tool in combination with

functional improvement. Guideline criteria have not been met. The physician report indicated that the patient was provided a 30-day free trial of the H-wave device. Records documented that the patient used the H-wave for 107 days. There is no evidence that the patient was using the H-wave as an adjunct to a program of evidence-based functional restoration and not just for pain control. There is evidence that the patient was experiencing gastrointestinal issues with non-steroidal anti-inflammatory medication and did not respond to physical therapy or TENS unit. The request for this H-wave trial beyond 30 days and in the absence of an exercise program is not consistent with guidelines. Therefore, this request for H-wave trial is not medically necessary.

H-wave purchase: Upheld

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

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

Decision rationale: The California MTUS chronic pain guidelines do not recommend H-wave stimulation as an isolated intervention. A one-month home based H-wave trial may be considered as option for diabetic neuropathy 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 stimulation (TENS). Guideline criteria have not been met. This patient has current MR arthrogram evidence of triangular fibrocartilage complex and scapholunate tears and fracture of the ulnar styloid process. Exercise is not consistent with guidelines given the present diagnoses. Isolated use of H-wave without functional restoration is not consistent with guidelines. Therefore, this request for H-wave purchase is not medically necessary.