

Case Number:	CM14-0086195		
Date Assigned:	07/23/2014	Date of Injury:	02/12/2007
Decision Date:	09/03/2014	UR Denial Date:	05/29/2014
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 50 year old male who sustained an injury to his right upper extremity on 02/12/07 after a fall on to his outstretched arm. Electrodiagnostic studies dated 03/31/14 revealed electrodiagnostic evidence of median neuropathy at the right wrist; findings consistent with moderate right carpal tunnel syndrome affecting motor and sensory branches; no electrodiagnostic evidence of right cubital tunnel, entrapment at Guyon's canal, or peripheralopathy; narrow electrodiagnostic evidence of right cervical radiculopathy or brachial plexopathy; no electrodiagnostic evidence of right axillary or suprascapular neuropathy. Clinical note dated 05/01/14 reported that the injured worker continued to improve slowly. He was bothered by cramping of the right biceps and numbness in the right hand. He was currently not working. Physical examination noted right shoulder range of motion flexion 170 degrees, abduction 150 degrees; negative Tinel's and Phalen's signs. Clinical note dated 05/19/14 reported that the injured worker continued to complain of right shoulder pain and impaired activities of daily living. The injured worker stated that he was able to perform more activities and had improved function after H-Wave treatment, with 60% improvement in pain. The injured worker was recommended to continue H-Wave Unit use.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit with 1 Month of supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation Page(s): 171-172.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: There was no clinical documentation of an adequate trial of usual and customary transcutaneous electrical nerve stimulation (TENS) unit. The MTUS Guidelines state that while TENS may reflect the longstanding accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on stimulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence based assessments of TENS have found that evidence is lacking concerning effectiveness. Given this, the request for H-wave unit with one month of supplies is not indicated as medically necessary.