

Case Number:	CM13-0043949		
Date Assigned:	02/27/2015	Date of Injury:	03/29/2000
Decision Date:	05/01/2015	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	10/31/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 54 year old male who sustained an industrial injury on 3/29/2000. His diagnoses, and/or impressions, include myofascial pain; capsulitis inflammation of the temporal mandibular joint; anisocoria; cervical discopathy with radiculopathy; bilateral carpal tunnel syndrome; increasing bilateral wrist and elbow pain; and xerostomia medication induced. No recent magnetic resonance imaging studies, computed tomography studies or x-rays are noted. His treatments have included acupuncture treatments and medication management. The progress notes, of 7/19/2013, show complaints of pain with improved range-of-motion, but with impaired activities of daily living. The requested treatments included the purchase of a home H-wave device to be used as needed, to improve functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT).

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, "H-wave stimulation (HWT) is not recommended as an isolated intervention, but a one-month home-based trial of HWave 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 (TENS). The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review." The available medical record notes no prior use of a TENS or of failure of other treatment options. While a past trial is mentioned in the request for the H- wave device, there is no description of this trial or any detail regarding objective improvement from the use of the H-wave. As such the requirements listed above are not met by the treating provider and the request for a home H-wave unit is deemed not medically necessary.