

Case Number:	CM14-0202466		
Date Assigned:	12/15/2014	Date of Injury:	02/20/2014
Decision Date:	02/13/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/03/2014

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 Family Practice and is licensed to practice in Utah. 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 patient is a 47 year-old female. The patient's date of injury is 9/19/2014. The mechanism of injury is not stated. The patient has been diagnosed with wrist/forearm pain, and finger pain. The patient's treatments have included physical therapy, occupational therapy, injections, imaging studies, elbow straps and medications. The physical exam findings dated 10/31/2014 states the Right Upper Extremity is with decreased sensation and pain at the forearm. (The rest of the exam is illegible). The patient's medications have included, but are not limited to, Lortab, Soma, TENS unit. The request is for H wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 117.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for H-Wave. MTUS guidelines state the following: H Wave is not recommended as an isolated intervention, but a one-month trial

may be considered for an option for diabetic neuropathic pain, or chronic soft tissue inflammation, if used as an adjunct to a program and if the following modalities have failed, including physical therapy, conservative care, medications and a TENS unit. These previous treatment failures are noted in the clinical documents. The clinical documents do state that the patient had relief from pain during the physical therapy sessions in which the H Wave unit was used. According to the clinical documentation provided and current MTUS guidelines; H-Wave is indicated as a medical necessity to the patient at this time. This request is medically necessary.