

Case Number:	CM14-0202503		
Date Assigned:	12/15/2014	Date of Injury:	02/07/2014
Decision Date:	01/15/2015	UR Denial Date:	11/19/2014
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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for alleged ulnar neuropathy reportedly associated with an industrial injury of February 7, 2014. In a Utilization Review Report dated November 19, 2014, the claims administrator denied a request for purchase of an H-wave device. It was implied that the applicant had employed an H-wave device on a rental basis between July 28, 2014 and September 15, 2014. The claims administrator stated that its denial was based on an RFA form received on November 14, 2014. The applicant's attorney subsequently appealed. In a handwritten note dated November 2, 2014, it was acknowledged that the applicant was not working. The applicant was in the process of pursuing an elbow ulnar nerve transposition surgery. 7/10 elbow pain complaints were appreciated, moderate and frequent. The applicant was asked to remain off of work while pursuing the planned ulnar nerve release surgery. The applicant was using Motrin for pain relief. The applicant's complete medication list was not, however, provided. In an earlier note dated October 16, 2014, the applicant was again placed off of work, on total temporary disability, for an additional six weeks. A pain management consultation, acupuncture, and Motrin were endorsed. The note was very difficult to follow.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) home H-wave unit: 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 Page(s): 118.

Decision rationale: The applicant had previously used the H-wave device on a trial basis or a rental basis between July 28, 2014 through September 15, 2014, the claims administrator noted in a Utilization Review Report dated November 9, 2014. As noted on page 118 of the California MTUS Chronic Pain Medical Treatment Guidelines, usage of an H-wave device beyond an initial one-month trial should be justified by the documentation submitted for review and should be predicated on evidence of favorable outcome during said one month trial, in terms of "pain relief and function." In this case, however, it does not appear that the applicant has achieved the requisite amounts of pain relief and/or functional improvement despite previous usage of the H-wave device. The applicant remains off of work, on total temporary disability. The applicant is in the process of pursuing an ulnar nerve release surgery. 7/10 pain was reported, despite ongoing usage of the H-wave device. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite prior usage of the H-wave device. Therefore, the request for an H-wave device (purchase) is not medically necessary.