

Case Number:	CM14-0203320		
Date Assigned:	12/15/2014	Date of Injury:	04/02/2012
Decision Date:	02/03/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehab 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 patient sustained an injury on 4/2/12 while employed by [REDACTED]. Request(s) under consideration include H-Wave unit purchase. Diagnoses include Carpal Tunnel Syndrome; neck sprain; shoulder/arm sprain; elbow/forearm sprain; and wrist/hand sprain. Conservative care has included medications, therapy, and modified activities/rest. Report from the provider noted the patient with successful 30-day home trial with request for purchase. The patient continues with chronic ongoing pain with soft tissue inflammation. The request(s) for H-Wave unit purchase was non-certified on 11/10/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave unit purchase: 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 Transcutaneous Electrotherapy Page(s): 115-118.

Decision rationale: The request for H-Wave unit purchase was non-certified on 11/10/14. Peer review report noted no previous record for trial authorization and no current report identifying

specific benefit. Submitted reports have not provided specific medication name or what decreasing dose has been made as a result of the H-wave unit trial. There is no change in work status or functional improvement demonstrated to support for the purchase of this unit. The MTUS guidelines recommend a one-month HWT rental trial to 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. The patient has underwent a one month H-wave use without any documented consistent pain relief in terms of decreasing medication dosing and clear specific objective functional improvement in ADLs have not been demonstrated. Per reports from the provider, the patient still exhibited persistent subjective pain complaints for this injury of 2012. There is no documented failed trial of TENS unit nor any indication the patient is participating in a home exercise program for adjunctive exercise towards a functional restoration approach. The patient's work status has remained unchanged. The H-Wave unit purchase is not medically necessary and appropriate.