

Case Number:	CM14-0204073		
Date Assigned:	12/16/2014	Date of Injury:	10/27/2008
Decision Date:	02/03/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/05/2014

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 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 is a 58-year-old female claimant sustained a work injury 10/27/ 2008. She was diagnosed with cervical spinal stenosis in bilateral hand sprains. She had undergone therapy as well as used analgesics for pain control. According to the reviewer notes, she also had an MRI in 2010 which showed an annular tear of C5-C6. A progress note on 2/24/11 indicated the claimant had tenderness in the paracervical region, tenderness to palpation in the wrists and decreased range of motion in the hands. There was tingling in the fingers. A request had been made for an 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/ Electrodes, per pair/ Conductive Paste or Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES/ TENS.

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

Decision rationale: According to the guidelines, an H wave unit is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In this case, the claimant did not have the above diagnoses or interventions. In addition, length of use was not specified. The H-wave unit is not medically necessary.