MAXIMUS Federal Services

Case Number:	CM14-0207712		
Date Assigned:	12/19/2014	Date of Injury:	10/01/2013
Decision Date:	02/17/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/11/2014

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 chronic wrist, hand, and thumb pain reportedly associated with an industrial injury of October 1, 2013.Thus far, the applicant has been treated with the following: Analgesic medications; earlier right carpal tunnel release surgery; earlier right trigger thumb release surgery; opioid therapy; adjuvant medications; and extensive physical therapy over the course of the claim.In a Utilization Review Report dated November 17, 2014, the claims administrator denied a request for an H-Wave stimulation device, stating that the applicant was not using H-Wave device in conjunction with a program of functional restoration.The applicant and/or applicant's attorney subsequently appealed.In an August 20, 2014 progress note, the device vendor stated that the applicant had used an H-Wave device in the clinic for six visits and reported some reduction in pain with the same. The device vendor, physical therapist, and applicant seemingly stated that the applicant had had several clinic-based trials of the TENS unit, along with medications and conventional physical therapy.On October 29, 2014, a request to purchase the H-Wave device was made.In an applicant questionnaire dated August 20, 2014, the applicant acknowledged that she was not working. The H-Wave unit at issue was again endorsed on an October 29, 2014 RFA form. Electrodiagnostic testing of the right upper extremity of December 3, 2014 was negative for any residual carpal tunnel syndrome status post earlier carpal tunnel release surgery.In an earlier note dated July 25, 2014, physical therapy, Neurontin, and Norco were endorsed while the applicant was kept off of work, on total temporary disability.On October 28, 2014, the applicant reported ongoing complaints of hand, wrist, and thumb pain with associated paresthesias. Norco, Soma, and Lyrica were endorsed, along with physical therapy, electrodiagnostic testing, and work restrictions. It was stated that the applicant was unable to give injections or draw blood, seemingly resulting in her removal from the workplace as a

phlebotomist.In a physical therapy progress note dated October 13, 2014, it was acknowledged that the applicant was currently off of work as her employer was seemingly unable to accommodate the stated work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device, purchase: 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: Here, the applicant had already received the H-Wave device on a trial basis at some point between August 2014 and October 2014, based on the dates of the progress notes and RFA forms referenced above. Page 118 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that usage of an H-Wave device beyond an initial one-month trial should be justified by documentation submitted for review, with evidence of improved outcome in terms of both pain relief and function. Here, however, the applicant was/is of off of work, despite previous usage of the H-Wave device, it was stated on progress notes of October 13, 2014 and October 28, 2014, referenced above. Ongoing usage of H-Wave device has failed to curtail the applicant's usage of opioid and nonopioid agents such as Norco, Lyrica, and Soma. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the device at issue. Therefore, the request was not medically necessary.