

Case Number:	CM14-0209869		
Date Assigned:	12/22/2014	Date of Injury:	05/05/2014
Decision Date:	02/18/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 71 year old female with an injury date of 05/05/14. Based on the progress report dated 12/05/14, the patient complains of pain in the cervical and thoracic spine and bilateral upper extremities. Physical examination reveals tenderness to palpation in the right mid trapezius, medial and lateral epicondyle of the bilateral elbows, and bilateral dorsal wrists and FDC. The range of motion is painful in the spine and the upper extremities. In progress report dated 11/21/14, the patient complains of pain in the neck along with tingling in all the fingers which is getting worse. The patient is undergoing physical therapy for her cervical spine and the TENS unit is helping significantly with elbow and wrist pain, as per progress report dated 12/05/14. The patient is taking Naproxen for pain relief, as per progress report dated 10/24/14. The patient has been allowed to return to modified work, as per progress report dated 11/21/14. X-ray of the Bilateral Wrists, 08/06/14:- Mild osteoporosis- Mild osteoarthritis Diagnoses, 12/05/14:- Bilateral carpal tunnel syndrome, improving as expected- Bilateral epicondylitis, lateral, improving as expected- Bilateral epicondylitis, medial, improving as expected- Bilateral tendonitis: wrist, improving as expected- Strain; cervical, improving as expected The treater is requesting for H-WAVE UNIT. The utilization review determination being challenged is dated 12/09/14. Treatment reports were provided from 08/06/14 - 12/19/14.

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 ACOEM Page(s): 203, Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation (TENS) Page(s): 117.

Decision rationale: The patient presents with pain in the cervical and thoracic spine and bilateral upper extremities, as per progress report dated 12/05/14. The request is for H-wave unit. Per MTUS Guidelines, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive 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." MTUS further states "trial periods of more than 1 month should be justified by documentations submitted for review." MTUS also states that "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Page 117. Guidelines also require "The one-month HWT trial may 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." In this case, the patient was given a H-wave unit for trial, as per progress report dated 10/11/14. In the H-wave delivery evaluation report dated 10/17/14, the patient states that her pain has reduced from 7-8/10 to 3/10 after the use of the device. In progress report dated 11/22/14, the treater states that the patient has reported eliminating the need for oral medications following the H-wave unit trial. She is able to perform more activity and has great overall function. She is able to lift more, do more house work, sit and stand longer, sleep better, and interact more with family. In the report, the patient states that "I don't baby my left arm. I can use it where I couldn't before." She also states that "I work in our church nursery and I can lift babies where I couldn't before. I can open and close jars with left hand! Because of H-Wave I can almost do everything with my left arm, where I couldn't before." The treater also reports 80% reduction in pain due to the unit. The unit was used 2 times per day, 7 days a week, as per the report. MTUS guidelines allow for the purchase of a home unit after a successful trial. Given the significant improvement in patient's pain and function, this request is medically necessary.