

Case Number:	CM14-0025068		
Date Assigned:	06/11/2014	Date of Injury:	01/14/1997
Decision Date:	12/03/2015	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/27/2014

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: Arizona, California Certification(s)/Specialty: Family Practice

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 injured worker is a 56 year old female, who sustained an industrial injury on 1-14-97. The injured worker was diagnosed as having carpal tunnel syndrome, rheumatoid arthritis, tendinitis, and wrist and hand Quervain's. Treatment to date has included flexor tendon tenosynovectomy and release of flexor tendon sheath of the left ring finger on 9-10-13, injections, TENS, massage, acupuncture, an unknown number of physical therapy sessions, and medication including Voltaren gel, Zanaflex, Flector patches, Ultram, and Naproxen. Physical examination findings on 11-13-13 included painful limited range of motion and swelling in the proximal interphalangeal joint of the right long finger. On 12-18-13, the injured worker complained of left hand pain. The treating physician requested authorization for physical therapy with H-wave for the left wrist and hand 2x4. On 2-20-14 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy with H-Wave for the left wrist/hand, 2x a week for 4 weeks (qty: 8):
Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to the guidelines an H-wave unit is not recommended but a one month trial may be considered for diabetic neuropathic pain and chronic soft tissue inflammation if used with a functional restoration program including therapy, medications and a TENS unit. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case, the claimant has failed to respond to medication, TENS, Acupuncture, therapy and medications. The request for a month trial of H-wave is medically necessary to improve function and pain.