

Case Number:	CM14-0056013		
Date Assigned:	07/09/2014	Date of Injury:	04/28/2013
Decision Date:	04/24/2015	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/25/2014

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 & Rehabilitation, Pain Management

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 55-year-old female who sustained an industrial injury on 4/28/2013. Recently she reported right hand/thumb joint complaints. The injured worker has been diagnosed with, and/or impressions were noted to include, carpal tunnel syndrome entrapment, cumulative trauma, right > left, versus overuse syndrome; and bilateral hand/joint pain. Treatments to date have included consultations; magnetic resonance imaging - right hand; electrodiagnostic testing (10/2/14); an agreed medical evaluation (10/21/14); H-wave machine therapy; yoga therapy; and medication management. The history notes the original complaint was to the right hand, but that within 3 months the left hand was also involved and resulting in bilateral hand complaints/pain, right > left. She states using the H-wave machine therapy every day, that it has made a huge difference in helping, and that she would like to continue using it on a permanent basis. She is noted to be back to work, full duty, on a part-time basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase Home H-Wave Device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H wave device Page(s): 114, 117-118.

Decision rationale: Regarding the request for H-wave stimulation, the CA MTUS specify that this is a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998), or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration. It is recommended 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 worker, the patient is using H wave for > 3 months with documentation note pain reduction, medication reduction, and functional improvement from H-wave stimulation trial. However, there is no evidence of failed TENS trial. Therefore, this request is not medically necessary.