

Case Number:	CM15-0000082		
Date Assigned:	01/09/2015	Date of Injury:	12/19/2013
Decision Date:	03/05/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/31/2014

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: Emergency Medicine

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 37 year old female who sustained an industrial injury on 12/19/13. The injured worker reported symptoms in the lower back, right shoulder pain, and right lower extremity pain. The diagnoses included right elbow radial head fracture, healed, right shoulder, elbow and wrist strains with mild first extensor compartment tenosynovitis and intersection syndrome, lumbosacral strain with right hip and flank contusions, resolved, and periodic right leg radiculitis. Treatments to date have included physical therapy, home exercise program, ultrasound therapy, heat/ice, lumbosacral bracing, and oral medications. Physician documentation dated 9/21/14 noted the injured worker presents with "frequent discomfort about the right wrist and dorsal forearm following respective activities." Physical therapy documentation dated 8/17/14 noted the injured worker stated "no pain at rest, walking...pain only with twisting and lifting." The treating physician is requesting a Home H-wave device purchase. On 12/4/14, Utilization Review non-certified a request for a Home H-wave device purchase. The California Medical Treatment Utilization Schedule and American College of Occupation and Environmental Medicine Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: HOME H-WAVE DEVICE; PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As per MTUS Chronic pain guidelines H-Wave stimulation (HWT) is not recommended as an isolated therapy. It may be recommended in cases of diabetic neuropathy and chronic soft tissue inflammation with a successful 1 month trial if used as part of evidence based functional restoration program. Several criteria need to be met before HWT may be recommended: 1) Failure of conservative therapy. Fails criteria. Patient is undergoing physical therapy and has improved response and pain in PT notes. 2) Failure of TENS therapy. Fails criteria. The documentation is poor. Some notes claim a TENS failure but there is no actual documentation of TENS ever being used by this patient. 3) Needs to be used as part of a functional restoration program, should not be used as an isolated treatment. Fails criteria. There is no documentation of an actual functional restoration program or what the end goal of HWT is suppose to be. 4) Successful trial of HWT for 1 month: Fails criteria. The providers are inappropriately claiming that patient's claimed improvement in pain is due to HWT trial when there is no appropriate pre and post assessment in objective pain and function during trial period. The HWT trial is not valid and fails criteria. Since documentation does not properly document that HWT is part of an evidence based functional restoration program and the HWT trial is not valid, H-wave unit is not medically necessary.