

Case Number:	CM15-0105019		
Date Assigned:	06/09/2015	Date of Injury:	05/01/2014
Decision Date:	07/10/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/01/2015

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 43 year old female, who sustained an industrial injury on 5/01/2014. Diagnoses include bilateral carpal tunnel syndrome and repetitive strain injury of the bilateral upper extremities with bilateral wrist tendonitis and extensor forearm myofascial pain. Treatment to date has included diagnostics including electrodiagnostic testing, Voltaren gel, bracing, physical therapy, acupuncture, home exercise, stretching, ice application and an H wave trial. EMG (electromyography)/NCS (nerve conduction studies) of the bilateral upper extremities dated 4/08/2015 revealed moderate bilateral carpal tunnel syndrome. Per the Primary Treating Physician's Progress Report dated 4/16/2015 the injured worker reported continuing pain at the bilateral wrists and forearms associated with numbness and tingling in bilateral hands at the wrists. She reports that the H-wave unit has been very beneficial and her pain improves after using the unit for several hours. Physical examination revealed a full range of motion not associated with any pain. There was tenderness to palpation over the dorsal greater than volar wrist bilaterally. Tinel's sign and Phalen's sign were positive at bilateral wrists. The plan of care included, and authorization was requested, for a home H wave device for the bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home h-wave device bilateral wrists: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Regarding the request for H-wave unit, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial of H-wave stimulation may be considered as a noninvasive 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, including recommended physical therapy and medications plus transcutaneous electrical nerve stimulation. Within the documentation there is indication that the patient has undergone a 30 day TENS unit trial as recommended by guidelines and this trial was unsuccessful. There are notes that document pain reduction, decreased usage of naproxen, and the patient was better able to sleep and perform ADLs and housework. Given this, the currently requested H wave device is medically necessary.