

Case Number:	CM15-0108177		
Date Assigned:	06/15/2015	Date of Injury:	04/10/2010
Decision Date:	08/13/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/04/2015

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: North Carolina

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 (IW) is a 51-year-old male who sustained an industrial injury on 04/10/2010. He reported continuous trauma to the bilateral wrists. The injured worker was diagnosed as having bilateral hand and wrist pain, neuropathic pain, and impaired function. Treatment to date has included medications, an H-Wave home trial, and a MRI (04/22/2015). Currently, the injured worker complains of frequent aching pain in the hands and wrists. He is status post multiple surgeries for bilateral carpal tunnel syndrome with residual moderate-to severe right carpal tunnel syndrome, and moderate left carpal tunnel syndrome. On examination, there are mature surgical scars on bilateral hand/wrists from carpal tunnel surgery. There is normal bilateral sensation in the upper extremities except for bilateral hands which have tingling when touched, but no allodynia. There is no atrophy or wasting. The MRI of 04/11/2015 showed mild left C-7 radiculopathy. According to chart notes, the worker used a home H-Wave unit in a no cost evaluation from 01/13/2015 to 02/02/2015. There is documentation of decreased pain and improvement in mobility and ability to conduct activities of daily living with the H-Wave unit. The treatment plan includes continuation of hand therapy three times a week for four weeks, Voltaren gel to affected area, Cymbalta, trazadone, and resumption of care (if approved). The worker condition was deemed permanent and stationary on 10/20/2014. A request for authorization is made for the following: Home H-wave unit and supplies (for purchase).

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave unit and supplies (for purchase): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Page(s): 118-119.

Decision rationale: The California chronic pain medical treatment guidelines section on H-wave stimulation therapy states: H-wave stimulation (HWT). 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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. (Blum, 2006) (Blum2, 2006) There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. (McDowell2, 1999) [Note: This may be a different device than the H-Wave approved for use in the US.] The clinical documentation for review meets criteria for H-wave use and therefore the request is medically necessary.