

Case Number:	CM15-0139110		
Date Assigned:	07/29/2015	Date of Injury:	11/18/2013
Decision Date:	09/01/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/17/2015

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, 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 is a 35 year old female who sustained an industrial injury on 11/18/2013. Mechanism of injury was not found with documentation provided for review. Diagnoses include carpal tunnel syndrome. Treatment to date has included diagnostic studies, medications, Transcutaneous Electrical Nerve Stimulation unit, physical therapy, and a home exercise program. A H-Wave Patient Compliance and Outcome Report from 10/22/2014 with the date of the survey done on 06/17/2015 documented that is helped more than prior treatments and it decreased the use of medications, and allowed her to lift more, do more housework, typing and writing. Its use gave her a 50% improvement in function; and she was able to decrease her medication-Tramadol. She has been able to return to work since using the H-Wave and can treat her pain without relying on drugs. She was able to sleep better and able to participate more in everyday activities. She treats with the H-Wave unit twice daily x 7 days a week for 30-45 minutes. A physician progress note dated 06/02/2015 documents the injured worker reports that she has been able to sleep better and able to participate more in everyday activities including lifting more, able to do more housework, type, write and is able to do a physical therapy directed rehabilitation exercise program. She reports 50% relief after treatments. Her overall function has improved and there is a 50% decrease in medication and she has returned to work. Treatment requested is for Home H-wave device, quantity: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device, quantity: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116-118.

Decision rationale: The request is for a home H-wave device. Previous trial of TENS failed. The H-wave has been beneficial for the patient's chronic pain. Aside from decreased pain, better sleep, improved function in performing ADLs, the patient has also achieved a 50% reduction in her use of Tramadol. The pain reduction with usage of the H-wave lasts over 5 hours according to records submitted. In addition, the patient has improved to the point where she been able to return to work. Therefore, based on the patient's positive response to H-wave therapy, the request is deemed medically necessary.