

Case Number:	CM15-0168889		
Date Assigned:	09/09/2015	Date of Injury:	03/05/2012
Decision Date:	10/07/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/27/2015

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: Massachusetts

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 44 year old female, who sustained an industrial injury on 3-5-12. The injured worker is undergoing treatment for neck pain, lateral and medial epicondylitis, carpal tunnel syndrome and ulnar nerve lesion. Medical records dated 7-30-15 indicate the injured worker complains of neck and right elbow and wrist-hand pain with some overuse of the left wrist. She completed H-wave trial and reports treatment decreased pain from 8 out 10 to 5 out 10 and a reported 50% decrease in swelling. She would like to continue with H-wave permanently. She has a surgical consultation on 9-28-15 but is undecided if she wants to proceed with surgery. Physical exam notes anxiousness, and she is fatigued and lethargic. There is no swelling or tenderness to palpation in any extremity. There is normal muscle strength. Physical exam is unchanged from 7-30-15 visit. Treatment to date has included oral medications and topical medications but has had adverse side effects or poor results with use. The record indicates she does not want to take oral medication for pain. She has undergone cognitive behavioral therapy (CBT), acupuncture and physical therapy and has a brace. Trial of a Transcutaneous Electrical Nerve Stimulation (TENS) unit did not provide benefit. The original utilization review dated 8-10-15 indicates the request for H-wave unit for indefinite use is non-certified noting lack of documentation of sustained functional improvement or decrease in medical care.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit for indefinite use Qty: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The claimant sustained a work injury in March 2012 and is being treated for neck and upper extremity pain. When seen, she was considering carpal tunnel release and ulnar transposition surgery. She was using an H-wave unit daily for 45 minutes with decreased pain from 8/10 to 4/10 and decreased wrist swelling by 50% and allowing her to continue working. A 30-day home trial is referenced. She had tried using TENS without benefit. Physical examination findings included morbid obesity. Although H-wave stimulation is not recommended as an isolated intervention, a one month home-based trial of may be considered as a noninvasive conservative option for the treatment of chronic pain. H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as transcutaneous electrical nerve stimulation (TENS), in terms of its waveform. During the trial, it should be documented as to how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the claimant has had a trial of H-wave use with reported decreased pain and swelling and allowing her to continue working. She had failed use of TENS. The requested H-wave unit purchase was medically necessary.