

Case Number:	CM15-0196313		
Date Assigned:	10/09/2015	Date of Injury:	09/29/2013
Decision Date:	11/18/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/06/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53-year-old female with a date of industrial injury 9-29-2013. The medical records indicated the injured worker (IW) was treated for bilateral carpal tunnel syndrome. In the progress notes (6-11-15), the IW reported continued numbness in 'left' wrist at bedtime or when showering. Medications were Voltaren and Norco. The progress notes on 8-31-15 stated the IW complained of pain and exhibited impaired activities of daily living. It was documented the IW responded to a survey about the H-Wave machine, stating her overall function was improved by its use, with a 60% reduction in pain. She was reportedly using the H-Wave device twice daily, four days per week for less than 30 minutes per session. No physical exam was documented for this date. On examination (6-11-15 notes), the provider noted the 'left' wrist was soft, "C-D-I"; H-Wave was working. Treatments included carpal tunnel release (bilateral -2014) and postoperative physical therapy. The IW was working modified duty. A Request for Authorization dated 8-31-15 was received for a home H-Wave device for the right wrist. The Utilization Review on 9-23-15 non-certified the request for a home H-Wave device for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home h-wave device for right wrist: Upheld

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: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 117, H-wave 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In this case, there is lack of evidence in the cited record from 8/31/15 to satisfy the guidelines. There is no evidence of functional restoration program or comprehensive program to warrant H-wave for the claimant's wrist condition. Therefore, the request is not medically necessary.