MAXIMUS Federal Services

Case Number:	CM15-0196771		
Date Assigned:	10/12/2015	Date of Injury:	04/17/2015
Decision Date:	11/24/2015	UR Denial Date:	09/30/2015
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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 4-17-15. The diagnosis is noted as bilateral first dorsal compartment stenosing tenosynovitis with slow improvement. In a progress report dated 9-16-15, the physician notes the "right hand feels better, there is no pain, except maybe sometimes when turning the doorknobs." and "left hand still has some little pain. The machine is being quite helpful." Objective exam of the right wrist notes mild swelling on the radial styloid area, no pain, and Finkelstein's is negative. Exam of the left wrist notes swelling, mild pain along the first dorsal compartment area, not as intense as before. Grip strength on the right is 20-18-18 and left is 24-22-18. The treatment plan notes that the H-Wave device has been quite helpful in recovery. Work status is modified duties with restrictions. Previous treatment includes medications, MRI-left wrist, H-Wave, at least 11 visits for hand therapy, injection-first dorsal compartment right and left, and thumb spica splint. The requested treatment of continued H-Wave device for home use for bilateral first dorsal compartment was non-certified on 9-30-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue H-Wave Device for Home Use for Bilateral First Dorsal Compartment: Upheld

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

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

Decision rationale: The current request is for continue h-wave device for home use for bilateral first dorsal compartment. Previous treatment includes medications, MRI-left wrist, H-Wave, at least 11 visits for hand therapy, injection-first dorsal compartment right and left, and thumb spica splint. Work status is modified duties with restrictions. MTUS Guidelines, Transcutaneous Electric Nerve Stimulation section, page 117 under H-Wave stimulation has the following: H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive 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 and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. Per report 09/16/15, the patient presents with bilateral hand pain. Objective findings of the right wrist noted mild swelling on the radial styloid area, no pain, and Finkelstein's is negative. Exam of the left wrist noted swelling, mild pain along the first dorsal compartment area, not as intense as before. Grip strength on the right is 20-18-18 and left is 24-22-18. The patient reported that the H-wave unit is quite helpful. The treater states "I am requesting an H-wave for home use since she has been using it in therapy that has given her positive relief of symptoms." There is no further discussion regarding the prior use of the H-wave unit. It appears that this patient has trialed the H-wave unit in the past, with no documentation of decrease in pain or change in function. MTUS states that trial periods of more than 1 month should be justified by documentation of functional improvement or decrease in pain. The patient does not meet the criteria for further use. Therefore, the request is not medically necessary.