

Case Number:	CM15-0204418		
Date Assigned:	10/26/2015	Date of Injury:	04/13/2014
Decision Date:	12/04/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/19/2015

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: Florida

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 30 year old female, who sustained an industrial injury on April 13, 2014. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having carpal tunnel syndrome, cervicgia and wrist pain. Treatment to date has included diagnostic studies, acupuncture, H-wave trial, physical therapy, surgery, medications, occupational therapy and carpal tunnel injection with no relief and more pain. The injured worker was noted to have utilized home H-wave at no cost for evaluation purposes from 03-10-2015 to 04-08-2015. She reported eliminating the need for oral medications and the ability to perform more activity and greater overall function. She reported 60% in pain reduction. She reported walking further, sitting longer doing more housework, sleeping better and standing longer. She utilized the H-wave one time per day for seven days per week at 45 plus minutes per session. On July 24, 2015, notes stated that she had been using an H-wave machine and reported less pain and burning in her hands, less need for pain medication and she is able to use her hands for more things such as doing dishes and cooking. A request was made for a home H-wave six month rental. On September 14, 2014, utilization review denied a request for home H-wave device six-month rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device, six month rental: 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: MTUS guidelines state regarding H-wave devices: "Not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a non-invasive 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 this patient's case, a 6 month rental is being requested. Only a one-month trial is supported by MTUS guidelines. Likewise, this request is not considered medically necessary.