

Case Number:	CM15-0208468		
Date Assigned:	10/27/2015	Date of Injury:	05/01/2015
Decision Date:	12/09/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/22/2015

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: Preventive Medicine, Occupational Medicine

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 55-year-old female with an industrial injury date of 04-22-2015. Medical record review indicates she is being treated for tenosynovitis of bilateral hand and wrist, synovitis and tenosynovitis bilateral forearms, bilateral carpal tunnel syndrome. The physician's narrative note dated 09-2015 (day of the note is difficult to decipher) the treating physician noted the injured worker had reported the following with the use of H-Wave trial: Decrease in the need for oral medication due to the use of the H-Wave device. Ability to perform more activity and greater overall function due to the use of H-Wave device. More housework. Sleep better. On 06-30-2015 the treatment note indicates the injured worker is being treated for pain in bilateral hands, wrists and forearms. Work status (06-30-2015) is documented as "light duty." Objective findings included tenderness to bilateral wrists mid volar areas and over flexor tendon both radius and ulnar side. Tenderness was also noted in mid palm-thenar bilateral hands. Prior treatments included H-Wave trial (08-06-2015 - 09-09-2015) TENS unit, physical therapy and medications. On 10-05-2015 the request for Home H-Wave Device - purchase was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device - purchase: Overturned

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): Electrical stimulators (E-stim).

Decision rationale: The MTUS Guidelines do not recommend the use of H-wave stimulation as an isolated intervention. A one-month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for 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 physical therapy and medications, plus transcutaneous electrical nerve stimulation. In this case, the injured worker had a one-month trial of H-wave with documented benefit both in pain reduction and an increase in function. The request for home H-wave device - purchase is medically necessary.