

Case Number:	CM15-0217437		
Date Assigned:	11/09/2015	Date of Injury:	04/09/2015
Decision Date:	12/28/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/04/2015

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, Hawaii

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 45 year old male, who sustained an industrial injury on 04-09-2015. The injured worker was working full duty as of 07-30-2015. Medical records indicated that the injured worker is undergoing treatment for left wrist ganglion times two and right carpal tunnel syndrome. Treatment and diagnostics to date has included physical therapy, acupuncture, electromyography-nerve conduction velocity studies, use of H-wave, TENS (Transcutaneous Electrical Nerve Stimulation) Unit, and medications. Subjective data (07-30-2015 and 09-30-2015), included hand pain. Objective findings (07-30-2015) included decreased grip strength in left hand. The treating physician noted that the injured worker has "reported eliminating the need for oral medication due to the use of the H-wave device". The request for authorization dated 09-30-2015 requested home H-wave device for purchase. The Utilization Review with a decision date of 10-12-2015 non-certified the request for home H-wave device (purchase) for the right hand-wrist and left 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 (Purchase) for the Right Hand/Wrist and Left Wrist: 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): Transcutaneous electrotherapy.

Decision rationale: The patient presents with right carpal tunnel syndrome and left wrist ganglion time two. The current request is for Home H-Wave device (purchase) for the right hand/wrist and left wrist. The treating physician's report dated 07/30/2015 (14A) states, "The patient has tried conservative management including splinting, oral anti-inflammatories, and most recently an H-Wave stimulator. The H-Wave stimulator has helped him tremendously reducing his numbness and tingling and pain in the right hand. He reports zero out of ten pain there now." The H-Wave patient compliance and outcome report dated 09/15/2015 (4B) shows that the patient utilized the H-Wave unit from 07/21/2015- 09/15/2015 for 30 minutes twice a day, 7 days a week. The patient was able to eliminate the need for oral medication due to the use of the H-Wave unit. He was able to "Lift more, More housework, Sleep better, I'm able to work better." The patient reported 90% reduction in his pain. The MTUS Guidelines pages 117 to 118 on H-Wave Units support a 1-month home-based trial of H-wave treatments as a noninvasive conservative option for diabetic neuropathy or chronic soft tissue inflammation, if used as an adjunct to a program of evidence-based functional restoration and only following failure of initial recommended conservative care including recommended physical therapy, medications, TENS. In this case, the patient has reported significant benefit with the use of the H-Wave unit including 90% reduction of pain. Given that the patient has successfully trialed the H-Wave stimulator, the purchase of the unit is appropriate. The current request is medically necessary.