MAXIMUS Federal Services

Case Number:	CM15-0219942		
Date Assigned:	11/12/2015	Date of Injury:	04/01/2013
Decision Date:	12/29/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/09/2015

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: Georgia
Certification(s)/Specialty: Anesthesiology, Pain Management

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 56 year old female, who sustained an industrial injury on 4-01-2013. The injured worker was diagnosed as having carpal tunnel syndrome and trigger finger. Treatment to date has included diagnostics, physical therapy, transcutaneous electrical nerve stimulation unit, surgery 7-06-2015 (neuroplasty right median nerve at distal forearm and wrist, decompression fasciotomy right distal forearm flexor compartment, radical excision of right forearm-wrist tendon sheaths flexor compartment, right median nerve block, and right middle finger trigger release), and medications. On 9-30-2015, the injured worker reported "a decrease in the need for oral medication", "the ability to perform more activity and greater overall function", and "able to bend my trigger finger more freely and helps with swelling". Pain was not rated and medication usage was not described. She reported utilizing H wave two times per day, 7 days per week, in 30-45 minute sessions. 30 day trial of H wave homecare system was prescribed 8-18-2015 to 9-14-2015. Exam on 9-30-2015 of the right upper extremity noted healed incision, full range of motion, and sensation intact. Exam of the left upper extremity noted motor and sensory intact, positive Tinel's and Durkan's at the wrist, positive Tinel's at the wrist, and tenderness to palpation at the ring finger A1 pulley. Work status was full duty. The treatment plan included purchase of H wave device for home use, non-certified by Utilization Review on 10-15-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of H-wave device for home use: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Purchase of H-wave device for home use is medically necessary. Per MTUS, H-wave "not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain." The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. As it relates to this case H-wave was recommended in conjunction with home exercise therapy and there was functional improvement with trial use; therefore, the requested device is medically necessary.