

Case Number:	CM15-0222936		
Date Assigned:	11/18/2015	Date of Injury:	02/21/2015
Decision Date:	12/30/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/12/2015

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: Emergency 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 36-year-old female who sustained an industrial injury on 2-21-15. Medical records indicate that the injured worker has been treated for right wrist extensor tenosynovitis. She currently 10-8-15 complains of pain. She reports ability to perform more activity and greater overall function due to the use of trial of H-wave device with a 90% reduction in pain. She reports mobility is getting better. In the 6-25-15 note, the injured worker complained of right dorsal wrist pain with decreased motion and a pain level of 3 out of 10. MRI of the right wrist (4-10-15) revealed mild tendinopathy and tenosynovitis. Treatments to date include splinting; transcutaneous electrical nerve stimulator unit; physical therapy without benefit; medication: Celebrex; home exercise; acupuncture. The request for authorization dated 10-8-15 was for home H-wave for purchase. On 10-20-15, Utilization review non-certified the request for home H-wave for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H Wave Purchase: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: The requested Home H-Wave Purchase, is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, pages 117-118, H-Wave Stimulation (HWT), noted that H-wave is "Not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive 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, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." The injured worker has been treated for right wrist extensor tenosynovitis. She currently 10-8-15 complains of pain. She reports ability to perform more activity and greater overall function due to the use of trial of H-wave device with a 90% reduction in pain. She reports mobility is getting better. The treating physician has adequately documented functional improvement from the use of this electrical stimulation device. The criteria noted above having been met, Home H Wave Purchase is medically necessary.