

Case Number:	CM15-0223211		
Date Assigned:	11/19/2015	Date of Injury:	10/07/2010
Decision Date:	12/30/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/13/2015

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 35 year old female who sustained an industrial injury on October 07, 2010. The worker is being treated for: status post right ulnar shortening osteotomy with secondary nonunion and status post ORIF, right ulnar nonunion. Subjective: August 2015 she reported decreasing pain in the wrist and forearm. She also reported having bumped the elbow where the bone graft was harvested and noted it "very tender." October 06, 2015 she reported complaint of right wrist stiffness and stated "her ulnar sided wrist pain is slowly improved along with the use of the H-Wave unit has been helpful. The following visit noted increased symptoms as the headset was not made available for her and she reported left neck and shoulder pain and cannot lie on right shoulder. She also cannot raise her right arm overhead. Objective: August 2015 noted the cast removed, minimal edema and ROM elbow is WNL. October 06, 2015 noted the right wrist ROM is limited and the proximal plate is found tender. She is not sufficiently improved with conservative treatment. Diagnostic: radiography October 2015 noted progressive ossification of the nonunion site is present and bone graft is in satisfactory position with note of ulnar negative variance noted. Medication: August 2015 noted Celebrex and prescribed Voltaren gel. October 06, 2015: Celebrex. October 13, 2015: Celebrex, and Tylenol #3. Treatment: medication, surgery, cast, and bone stimulator, DME wrist brace, activity modifications, PT initiation. On October 09, 2015 a request was made for home H-wave unit and supplies rental or purchase that was non-certified by Utilization Review on October 15, 2015. Vendor documentation states that an H-wave unit was utilized for a 160 day trial and medications were discontinued. Medical records show continued medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave unit & supplies (rental or purchase): Upheld

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): Transcutaneous electrotherapy.

Decision rationale: MTUS Guidelines are very specific with recommended criteria to justify the long term use and purchase of an H-wave machine. These criteria include a prior trial and failure of a TENS unit in addition to a 30 day successful trial of an H-wave unit. These Guideline criteria have not been met. No prior trial of a TENS unit was found in the records reviewed and there is no objective evidence of functional improvements or diminished use of medication due to prior use/trial of an H-wave unit. There are no unusual circumstances to justify an exception to Guidelines. The Home H-wave unit & supplies (rental or purchase) is not supported by Guidelines and is not medically necessary.