

Case Number:	CM15-0039150		
Date Assigned:	03/09/2015	Date of Injury:	10/28/2014
Decision Date:	04/15/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/02/2015

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, District of Columbia, Maryland
 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:

This 41-year-old female sustained an industrial injury on 10/28/14. She subsequently reports ongoing bilateral wrist and hand pain. Diagnoses include tenosynovitis of hand and wrist, lesion of medial nerve and lesion of ulnar nerve. Treatments to date have included physical therapy, modified work duty and prescription pain medications. The injured worker continues to have intermittent discomfort in her bilateral wrists. On 2/9/15, Utilization Review non-certified a request for H-wave unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 117.

Decision rationale: The California MTUS guidelines indicates that the use of an H wave stimulator is indicated for either neuropathic or soft tissue inflammation if used as an adjunct to a

program of evidence-based functional restoration following the failure of other conservative treatments to include the usage of a TENS unit. The progress note dated January 15, 2015 indicates that the injured employee is improving with physical therapy and continued therapy as well as splinting and home exercise was recommended. Considering this improvement with conservative treatment, this request for an H wave unit is not medically necessary.