

Case Number:	CM15-0042179		
Date Assigned:	03/12/2015	Date of Injury:	08/25/2010
Decision Date:	04/22/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/05/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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(n) 54 year old female, who sustained an industrial injury on 8/25/10. She reported pain and numbness in the right wrist related to cumulative trauma. The injured worker was diagnosed as having right carpal tunnel syndrome, right medial epicondylitis and right cubital tunnel syndrome. Treatment to date has included TENs unit, physical therapy, EMG/NVC studies, surgery and pain medications. On 12/3/14, the occupational therapist recommended using an H-wave unit because the TENs unit was not providing significant pain relief to the injured worker. As of the PR2 dated 1/29/15, the injured worker reports increased range of motion but continued pain following her surgery on the right wrist and elbow. The treating physician noted mild tenderness over the medial epicondyle. He plans to continue physical therapy and 6 months of an H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device 6 month rental for right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H wave stimulation Page(s): 117.

Decision rationale: According to MTUS guidelines, H wave stimulation is not recommended in isolation. It could be used in diabetic neuropathy and neuropathic pain and soft tissue pain after failure of conservative therapies. There is no controlled supporting its use in radicular pain. There is no documentation that the request of H wave device is prescribed with other pain management strategies. Furthermore, there is no clear evidence for the need of H wave therapy. There is no documentation of failure of first line therapy and conservative therapies including pain medications and physical therapy. There is no documentation that H therapy will be used in combination with other therapy modalities. The patient was provided with a home H-wave unit for evaluation purposes from December 10, 2014 to January 14, 2015; however, there is no documentation of pain and functional improvement (pain level has not improved and medication usage did not decrease). Therefore, the request for Home H-wave device 6 month rental for right elbow is not medically necessary.