

Case Number:	CM15-0047483		
Date Assigned:	03/19/2015	Date of Injury:	11/09/2011
Decision Date:	05/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/12/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a year 64 old female, who sustained an industrial injury, November 9, 2011. The injured worker previously received the following treatments TENS (transcutaneous electrical nerve stimulator) unit, 8 physical therapy sessions, home H-wave trail, medication and surgery. The injured worker was diagnosed with degenerative osteoarthritis of the right wrist and carpal tunnel syndrome. According to progress note of December 11, 2014, the injured workers chief complaint was right wrist pain. The injured worker had used a TENS (transcutaneous electrical nerve stimulator) unit which provided no objective benefit and did not provided significant relief. According to the progress note of February 4, 2015, the injured worker had the ability to perform more activities and greater overall function due to the use of H-wave device and an 80% reduction in pain after a home H-wave trail from December 17, 2014 through January 26, 2015, 2 times a day for 7 days a week. The treatment plan included purchase of an H-wave device for continued home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Home H-wave device: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-118.

Decision rationale: The patient presents with degenerative osteoarthritis of the right wrist and carpal tunnel syndrome. The injured worker complains of right wrist pain. The current request is for purchase of home H-wave device. The injured worker has treated with a TENS unit, physical therapy, home H-wave trial, medication and surgery. The treating physician states on 2/4/15 (23B) that the injured worker had the ability to perform more activities and greater overall function due to the use of H-wave device an 80% reduction in pain after a home H-wave trial from 12/17/14 through 1/26/15, 2 times a day for 7 days a week. The treatment plan included purchase of an H-wave device for indefinite use of one device to be used in 30-60 minutes sessions as needed. MTUS Guidelines state, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive 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)." MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. In this case, the treating physician has documented that conservative care, including physical therapy, medications, plus transcutaneous electrical never stimulation has failed to provide substantive relief to the injured worker. The trail of H-wave demonstrated documented pain reduction and functional improvement. The current request is medically necessary and the recommendation is for authorization.