

Case Number:	CM15-0049635		
Date Assigned:	03/23/2015	Date of Injury:	10/01/2013
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/16/2015

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: Indiana

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 43 year old female with an industrial injury dated 10/01/2013. Her diagnosis includes left de Quervain's tenosynovitis, new onset; status post left carpal tunnel release and left medial epicondylitis. She presents on 01/27/2015 with complaints of pain in her left hand including triggering pain and intermittent tingling in the thumb through long finger. She reports prior treatments of using a brace, narcotic pain medication, H wave and rest temporarily alleviate her symptoms but they never completely resolve. Physical examination noted mild edema at the wrist. Range of motion of the wrist and digits were within normal limits but associated with discomfort. Authorization for home H-wave device was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H wave device purchase for left wrist: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT) 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 and medications, plus transcutaneous electrical nerve stimulation (TENS). The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review. There is no documentation of a 1 month trial. Additionally, the medical records provided do not actually substantiate the diagnosis of neuropathic pain or chronic soft tissue inflammation, which is the MTUS indication for H-Wave treatment. Finally, there is no evidence that the H-Wave would be used as an adjunct to ongoing treatment modalities. As such, the request is not medically necessary.