

Case Number:	CM15-0050849		
Date Assigned:	03/24/2015	Date of Injury:	03/05/2010
Decision Date:	05/05/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/17/2015

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: Texas, New York, 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 applicant is a represented 51-year-old who has filed a claim for chronic hand, wrist, and elbow pain reportedly associated with an industrial injury of March 5, 2010. In a Utilization Review report dated February 26, 2015, the claims administrator failed to approve a request for home H-wave device. A progress note of January 20, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On November 19, 2014, the applicant reported ongoing complaints of elbow, hand, wrist, and low back pain. The applicant was reportedly using Norco, Morphine, Klonopin, Motrin, Lidoderm patches, Wellbutrin, Neurontin, Voltaren gel, and Flector patches as of this point in time, it was acknowledged. Multiple medications were refilled. An H-wave was endorsed, seemingly on a trial basis, at this point in time. The applicant's permanent work restrictions were renewed. It did not appear, however, the applicant was working with said limitations in place, although this was not explicitly stated. On December 29, 2014, the applicant reported ongoing complaints of elbow, wrist, hand, and low back pain with derivative complaints of depression and anxiety. The H-wave device was again endorsed. The applicant was reportedly using Norco, Morphine, Klonopin, albuterol, Imitrex, lidocaine patches, Zoloft, Wellbutrin, Neurontin, Voltaren gel, and Flector patches, it was acknowledged. Permanent work restrictions were renewed. The attending provider reiterated the request for the H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE FOR RIGHT HAND: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines h-wave stimulation Page(s): 114,117-118.

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

Decision rationale: No, the proposed H-wave device [purchase] was not medically necessary, medically appropriate, or indicated here. As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, trial periods and/or usage of an H-wave device beyond an initial one-month trial should be justified by documentation admitted for review, with evidence of favorable outcomes in terms of "pain relief and function." Here, however, the information on file does not establish the presence of the favorable outcome in the terms of the functional improvement parameters established in MTUS 9792.20f. The applicant had seemingly failed to return to work, despite previous usage of the H-wave device on a rental basis. Ongoing usage of the H-wave device failed to curtail the applicant's dependence on opioids agents such as Norco and Morphine. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit, despite ongoing usage of the H-wave device. Therefore, the request was not medically necessary.