

Case Number:	CM15-0053230		
Date Assigned:	03/27/2015	Date of Injury:	10/16/2013
Decision Date:	05/05/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/20/2015

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 55 year old male, who sustained an industrial injury on 10/16/2013. He has reported injury to the left hand. The diagnoses have included status post left hand/digit surgery, with residuals of stiff hand/digit syndrome. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, occupational therapy, physical therapy, and surgical intervention. Medications have included Naproxen and Hydrodone/Acetaminophen. A progress note from the treating physician, dated 02/06/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of left hand pain; ability to perform more activity and greater overall function due to the trial use of the H-Wave Device. Objective findings included 20% improvement with function due to the use of the H-Wave Device. The treatment plan has included the request for Home H-Wave Device for purchase.

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 purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT).

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 post carpal tunnel syndrome 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 indefinite H wave therapy without periodic control of its efficacy. Therefore, Home H Wave Device Purchase is not medically necessary.