

Case Number:	CM14-0008507		
Date Assigned:	02/12/2014	Date of Injury:	04/01/2009
Decision Date:	06/24/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/22/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48 year old female whose date of injury is 04/01/2009. The mechanism of injury is described as repetitive activity. Treatment to date includes physical therapy, left carpal tunnel release in September 2009, right hand surgery in January 2010. Note dated 07/10/13 indicates that the injured worker underwent an unsuccessful trial of Transcutaneous Electrical Nerve Stimulation (TENS). H-wave report dated 12/10/13 indicates that the unit provides 90% pain relief, and medication usage is significantly decreased.

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 TO RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , H-WAVE STIMULATION (HWT),

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, H-WAVE STIMULATION, 117-118

Decision rationale: There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals were provided. The injured worker's current medication regimen is not documented. There is no indication that the unit is being used as an adjunct to a

program of evidence-based functional restoration as required by California Medical Treatment Utilization Schedule (CA MTUS) guidelines. Based on the clinical information provided, the request for H-wave device purchase to right upper extremity is not recommended as medically necessary.