

Case Number:	CM14-0120689		
Date Assigned:	08/06/2014	Date of Injury:	04/29/2013
Decision Date:	10/06/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/31/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 54-year-old gentleman was reportedly injured on April 29, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 11, 2014, indicated that there were no current complaints of pain but does report tingling in the wrists and fingers on the left greater than the right side. The physical examination demonstrated a positive right-sided Tinel's test at the wrist. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included wrist braces and the use of an H wave unit as well as a home exercise program and oral medications. A request had been made for the purchase of an H wave unit and was not certified in the pre-authorization process on June 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave device (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines will support a one-month HWT (H-Wave Stimulation) for diabetic neuropathic pain and chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following a failure of conservative treatment, physical therapy, medications and transcutaneous electrical nerve stimulation (TENS). While the physician's note, dated June 11, 2014, states that the injured employee is able to do more activities and function better with the use of an H wave unit, there is no documentation of a failure to improve with physical therapy for the use of a TENS unit. As such, this request for the purchase of an H wave unit is not medically necessary.