

Case Number:	CM14-0142495		
Date Assigned:	09/10/2014	Date of Injury:	12/01/2010
Decision Date:	10/10/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/03/2014

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 Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 33 year old male with an injury date of 12/01/10. The 07/11/14 report by [REDACTED] states that the patient presents with neck and bilateral upper extremity pain right greater than left in addition to right hand numbness. Examination of the cervical spine reveals exquisite tenderness with spasming and guarding with a rope like sensation to palpation of the trapezial muscles. There is also exquisite tenderness with spasming and guarding at the medial scapular borders. Examination of the left and right elbow reveal equivocal Tinel's at the cubital tunnel region. The bilateral wrists have equivocal Tinel's bilaterally. The patient's diagnoses include: 1. Cervicalgia with radiculopathy 2. Lumbago without radiculopathy 3. Bilateral cubital tunnel syndrome. The treater requests for Home H-wave Device purchase. The utilization review being challenged is dated 08/12/14. Treatment reports were provided from 01/16/14 to 08/20/14.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203,Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with neck and bilateral upper extremity pain with right hand numbness. The treating physician requests for Home H-wave Device purchase. The treating physician in a 07/28/14 treatment report cites a survey taken by H-Wave in which the patient states improved activity and overall function due to a home trial of the H-Wave device from 06/12/14 to 07/17/14. In the survey the treating physician further notes the patient states the device helps after physical therapy and home exercise and feels the device is helping with his recovery. MTUS guidelines regarding H-Wave devices page 117 state a 30 day trial may be recommended "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." A review of the reports provided show the patient had physical therapy and ongoing home exercise. However, there is no discussion or documentation of failed TENS treatment by the treating physician or in the physical therapy reports as required by MTUS above. Furthermore, a survey by H-Wave to document the efficacy of the device is not sufficient documentation unless verified by the treating physician. The request is not medically necessary and appropriate.