MAXIMUS Federal Services

Case Number:	CM14-0167991		
Date Assigned:	10/15/2014	Date of Injury:	06/03/2013
Decision Date:	11/18/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/13/2014

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 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 34 year old female who was injured on 06/03/2013. The mechanism of injury is unknown. Her prior treatment history revealed she has had 13 visits of occupational therapy and hand therapy which has helped a lot in the past. She has also utilized an H-wave device which provided her with 50% reduction in pain and improved her overall function and it eliminates the need for oral medication. On progress note dated 08/25/2014, the patient was seen with complaints of pain, impaired range of motion, and impaired activities of daily living. With the use of H-wave device, she is able to perform activities but no further details have been provided. She is diagnosed with persistent left hand neuritis pain, numbness and weakness and recommended for continuation of H-wave device and system to use twice a day for 30-60 minutes per treatment as needed.Prior utilization review dated 09/10/2014 by [redacted] states the request for H-Wave device purchase is denied as it is not medically necessary. The patient was diagnosed with open wound of hand except fingers. There is no indication that the patient failed conservative measures such as medicine, PT, TENS.

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: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT) Page(s): 117-118.

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

Decision rationale: As per CA MTUS guidelines, H-wave unit is "not recommended as an isolated intervention, but a one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." The medical record does not demonstrate that there is no indication that the patient failed conservative measures such as medicine, PT, TENS. The medical necessity is not established.