

Case Number:	CM14-0168084		
Date Assigned:	10/15/2014	Date of Injury:	10/12/2011
Decision Date:	11/18/2014	UR Denial Date:	09/25/2014
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 Occupational Medicine 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 injured worker is a female with date of injury 10/12/2011. Per progress note dated 9/23/2014, the injured worker presents with right wrist pain. On examination she continues with stiffness and swelling. There is significant improvement in allodynia and hyperpathia. She has positive Tinel's over the median nerve at the wrist. Diagnoses include other lesion of median nerve, complex regional pain syndrome (CRPS), right wrist, mononeuritis, and pain in joint, shoulder region, and brachial neuritis/radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit, QTY: 1: 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 (HWT) Section Page(s): 117-118.

Decision rationale: The MTUS Guidelines do not recommend the use of H-wave stimulation as an isolated intervention. A one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for 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 physical therapy and medications, plus transcutaneous electrical nerve stimulation. The requesting physician explains that the injured worker has had some improvement in her shooting pain in the hand, but still has swelling and stiffness. The stabbing pain has significantly improved. The "ripping" pain she had between index and middle fingers has also improved. H-wave is request for her neuropathic pain features. The injured worker does not appear to have failed conservative therapy. She is seeing improvement in her neuropathic pain. It is also not evident that she has failed treatment with a TENS unit. This request is also not for a one month trial, which is recommended to determine if the H-wave therapy is efficacious prior to purchasing a unit. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. Therefore, the request for H-wave unit, QTY: 1 is not medically necessary.