

Case Number:	CM14-0169033		
Date Assigned:	10/17/2014	Date of Injury:	11/12/1997
Decision Date:	11/18/2014	UR Denial Date:	09/18/2014
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 Family 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:

75 year old female claimant sustained a work injury on 11/12/97 involving the neck and hand. She was diagnosed with left hand trigger fingers and cervical strain. A progress note on 7/29/14 indicated the claimant had left trigger finger surgery. Exam findings were notable for a positive Phalen's test in both hands. There was joint tenderness in both hands. The claimant had a previous H-wave unit but was old and had prior help with it. The physician requested another purchase of an H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Replacement Purchase, quantity one: 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.

Decision rationale: According to the MTUS guidelines, an 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. H-wave devices are also available for home use. H-wave stimulation is sometimes used for the treatment of pain related to a variety of etiologies, muscle sprains, temporomandibular joint dysfunctions or reflex

sympathetic dystrophy. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain, since there is anecdotal evidence that H-Wave stimulation helps to relax the muscles, but there are no published studies to support this use, so it is not recommended at this time. In this case, the particular use of H-wave and its related diagnosis was not specified. There is lack of evidence for its use for trigger finger. Use for neck pain was not specified. Rental is recommended over purchase. The H-wave replacement purchase is not medically necessary.