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| Case Number: | CM14-0212563 | | |
| Date Assigned: | 12/29/2014 | Date of Injury: | 05/20/2013 |
| Decision Date: | 02/27/2015 | UR Denial Date: | 12/15/2014 |
| Priority: | Standard | Application Received: | 12/18/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 43 year old patient with date of injury of 05/20/2013. Medical records indicate the patient is undergoing treatment for right wrist sprain, right carpal tunnel syndrome and pain in joint, forearm/wrist. Subjective complaints include pain and stiffness, losing grip, dorsal and volar wrist pain, numbness and parasthesias at night, pain described as aching, numbness, tingling, weakness and rated 6/10; joint swelling/stiffness. Objective findings include decreased sensation in right hand/wrist, tenderness to right dorsal, volar and ulnar area, right wrist range of motion - flexion and extension 75, radial deviation 20, ulnar deviation 35, supination and pronation 90; right positive Darkan's and Tinel's. Right wrist X-ray dated 12/01/2014 was normal. MRI of right wrist dated 06/24/2013 revealed degenerative changes, small tear of the triangular fibrocartilage along the ulnar attachment, mild tendinosis of the extensor carpi ulnaris tendon. EMG and NCS dated 08/14/2013 revealed evidence of mild right carpal tunnel syndrome, right ulnar and radial focal neuropathy and right cervical radiculopathy. Treatment has consisted of surgical intervention, physical therapy, EMG, Tramadol. The utilization review determination was rendered on 12/15/2014 recommending non-certification of Home H-Wave Device (purchase).

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 Chronic Pain Treatment Guidelines Interferential stimulators for chronic pain ; Interferential Curre. Decision based on Non-MTUS Citation ODG (2014) PainACOEM Guidelines page 300, regarding: interferential therapy.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, "H-wave stimulation (HWT) is not recommended as an isolated intervention, but a one-month home-based trial of HWave 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 and medications, plus transcutaneous electrical nerve stimulation (TENS). The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review." The treating physician has not provided documentation of the results of a one-month home based trial of the h-wave device. Finally, there is no evidence that the H-Wave would be used as an adjunct to ongoing treatment modalities. As such, the request for Home H-Wave Device (purchase) is not medically necessary.