

Case Number:	CM14-0215822		
Date Assigned:	01/05/2015	Date of Injury:	02/24/2012
Decision Date:	03/04/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/23/2014

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51 year old female who sustained a work related injury on February 24, 2012. The exact mechanism and body parts involved were not included in the documentation provided. The injured worker was noted to have undergone a right lateral epicondylectomy, radial tunnel release, carpal tunnel release, and Guyon's canal release on October 30, 2013. A copy of the surgical report was not included in the documentation provided. The Physician's progress report dated November 10, 2014, noted the injured worker with a healed incision to the right palm. The injured worker reported the pain had diminished with the use of the H-wave stimulator, tremendously helpful with the pain which was decreased down to a 6/10. Physical examination was noted to show marked tenderness to the lateral epicondyle at the right elbow, and minimal tenderness to the deltoid muscle. The Physician noted the assessment as status post right epicondylar release, radial release, and carpal tunnel release October 30, 2013, and a history of de Quervain's tenosynovitis. The injured worker was to continue with modified work duty with use of the H-wave stimulator at work. The Physician requested authorization for a home H-wave unit purchase. A compliance confirmation document completed by the injured worker dated October 30, 2014, noted the injured worker had previously used electrical stimulation, physical therapy, and medications, and with use of the H-wave decreasing the pain and inflammation in the right hand and arm, with decreased need for pain relief medication, and increased functionality at work and home. On December 9, 2014, Utilization Review evaluated the request for an H-wave unit purchase, citing the MTUS definitions and H-wave stimulation guidelines. The UR Physician noted the injured worker had previously been treated with

appropriate conservative measures, however, the trial period was limited, appearing use of the device was for only two days. The UR Physician noted that the injured worker documented dramatic improvement however the time period was too limited to draw any substantial conclusions on the long term efficacy, but was reasonable for the injured worker to continue trying the unit for at least a month before considering purchase. The UR Physician recommended non-certification of the request for H-wave unit purchase. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit purchase: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines h-wave stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, (H-wave stimulation (HWT) Page(s): 114-121; 117-118.

Decision rationale: Per the MTUS the H-wave is not recommended as an isolated intervention. A one-month home-based trial may be considered as a noninvasive 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 initial conservative care including recommended physical therapy, medications and TENS. A review of the injured worker medical records reveals that she has had medications, physical therapy and has tried a TENS unit which did not provide benefit as documented on the home electrotherapy recommendation and history form dated 10/16/2014. Per the injured workers medical records she appears to be benefiting from the use of the HWU, it has helped her to get off pain meds and reduced her pain level to a 4/10. She has returned to work and will be using the unit at work as needed. Based on the injured workers clinical presentation and the guidelines the purchase of H-wave unit is medically necessary.