

Case Number:	CM15-0013520		
Date Assigned:	01/30/2015	Date of Injury:	03/07/2014
Decision Date:	03/24/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/22/2015

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: Texas, Illinois

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 52 year old female with an industrial injury dated 03/07/2014 affecting bilateral hands. She presented on 12/15/2014 complaining of bilateral hand pain. The pain was described as diffuse joint pain and achiness in the morning involving all joints of the hands and upper arms. Physical exam revealed normal range of motion of the bilateral upper extremities. Bilateral wrists revealed positive Tinel's, Durkams and Phalen's test. Steroid injection was administered. She has been diagnosed of Cervicalgia, lateral epicondylitis, carpal tunnel syndrome and hand pain. Prior MRI and a nerve test revealed mild left carpal tunnel syndrome foraminal stenosis and mild central canal stenosis with some effacement of the cord. Treatments have included hand therapy, diagnostics, acupuncture and medications. On 01/19/2015 utilization review denied the request for a 30 day trial of H Wave homecare system. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

30-day trial of H-wave home care system: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 171-172.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The injured worker sustained a work related injury on 03/07/2014. The medical records provided indicate the diagnosis of Cervicalgia, lateral epicondylitis, carpal tunnel syndrome and hand pain. Prior MRI and a nerve test revealed mild left carpal tunnel syndrome foraminal stenosis and mild central canal stenosis with some effacement of the cord. Treatments have included hand therapy, diagnostics, acupuncture and medications. The medical records provided for review do indicate a medical necessity for 30-day trial of H-wave home care system. The records indicate the injured worker failed conservative treatment and treatment with TENS unit. The H-wave was done along side with fevidence based functional restoration program. Although the MTUS does not recommend H-Wave as an isolated intervention, it recommends a one-month home-based trial of H-Wave stimulation as 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, plus transcutaneous electrical nerve stimulation (TENS).