

Case Number:	CM15-0111377		
Date Assigned:	06/17/2015	Date of Injury:	04/09/2013
Decision Date:	07/16/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/09/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 43-year-old male, who sustained an industrial injury on 4/9/13. The injured worker has complaints of right shoulder pain and limited range of motion. The injured worker reports still experiencing sharp pain over the dorsum of the right wrist with motion. Right and left wrist/hand examination noted tenderness elicited to palpation over the volar aspect of the right wrist. The right and left elbow examination reveals no atrophy, swelling or ecchymosis and no pain elicited to palpation over the elbow joint structures, on either side. The diagnoses have included wrist sprain and pain in joint involving shoulder region. Treatment to date has included status post arthroscopy with excision of a torn triangular fibrocartilage tear; status post-surgical release and therapy. The request was for 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.

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

Decision rationale: According to the guidelines an H-wave unit is not recommended but a one month trial maybe considered for diabetic neuropathic pain and chronic soft tissue inflammation if used with a functional restoration program including therapy, medications and a TENS unit. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case, the claimant did not have the diagnoses or interventions noted above. Indefinite use is not indicate and the purchase of the H-wave unit is not medically necessary.