

Case Number:	CM15-0120667		
Date Assigned:	07/01/2015	Date of Injury:	04/13/2014
Decision Date:	07/30/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/22/2015

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: California

Certification(s)/Specialty: Emergency 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 30-year-old female, who sustained an industrial injury on April 13, 2014. Treatment to date has included bilateral endoscopic carpal tunnel release, hand therapy, home exercise program, orthotics, and EMG/NCV of the bilateral upper extremities. Currently, the injured worker complains of mild right hand pain with no numbness and tingling. The injured worker is status post right carpal tunnel release on January 7, 2015 and left carpal tunnel release on March 5, 2015. On physical examination, the injured worker's surgical incision is healing well and her wrist range of motion is mildly restricted. Light stroke sensory testing is decreased in the thumb, index and long fingers, but has improved since surgery. The diagnoses associated with the request include status post bilateral carpal tunnel release. The treatment plan includes continued bilateral hand therapy and H-wave therapy.

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/indefinite use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pages 117-118, H-Wave Stimulation (HWT) Page(s): 117-118.

Decision rationale: The requested Home H-Wave device purchase/indefinite use, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pages 117-118, H-Wave Stimulation (HWT), noted that H-wave 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, 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation. (TENS)" The injured worker has mild right hand pain with no numbness and tingling. The injured worker is status post right carpal tunnel release on January 7, 2015 and left carpal tunnel release on March 5, 2015. On physical examination, the injured worker's surgical incision is healing well and her wrist range of motion is mildly restricted. Light stroke sensory testing is decreased in the thumb, index and long fingers, but has improved since surgery. The treating physician has not documented detailed information regarding TENS trials or their results. The criteria noted above not having been met, Home H-Wave device purchase/indefinite use are not medically necessary.