

Case Number:	CM15-0123046		
Date Assigned:	07/07/2015	Date of Injury:	04/27/2012
Decision Date:	08/06/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/25/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 45 year old female, who sustained an industrial injury on 4/27/12. The injured worker was diagnosed as having carpal tunnel syndrome, lesion of ulnar nerve, calcifying tendinitis of the shoulder, and trigger finger. Treatment to date has included physical therapy, a home exercise program, injections, use of H-wave, and medication. Currently, the injured worker complains of bilateral upper extremity pain. The treating physician requested authorization for H-wave supplies including gel and electrodes for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave supplies gel and electrodes for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118. Decision based on Non-MTUS Citation ACOEM Guidelines, Chronic Pain Chapter, (Revised 08/08/08) page 189; Official Disability Guidelines (ODG) Low Back Chapter; Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 114, 117-118.

Decision rationale: Regarding the request for H-wave supplies, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation 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 and medications plus transcutaneous electrical nerve stimulation. Within the documentation there is no indication that the patient failed a one-month TENS trial as recommended by guidelines. Furthermore, there is no evidence of pain relief, functional improvement, decreased pain medication usage, etc., from prior H-Wave use. In the absence of such documentation, the currently requested H-wave supplies are not medically necessary.