

Case Number:	CM15-0125777		
Date Assigned:	07/10/2015	Date of Injury:	07/24/2013
Decision Date:	08/06/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/29/2015

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: North Carolina

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 54-year-old female, who sustained an industrial injury on July 24, 2013. The injured worker reported fall resulting in a closed fracture of the left wrist. The injured worker was diagnosed as having stiffness of joint, joint pain in hand, muscle weakness and edema. Treatment to date has included X-rays, splint, surgery, occupational and physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit, H-wave and medication. A progress note dated June 5, 2015 provides the injured worker complains of ongoing wrist pain. She reports the H-wave helps improve function and provides 30% pain relief. She reports medication has been eliminated since using the H-wave device. She reports better sleep, ability to lift more demonstrated by she can now lift a pot without assistance and can carry her grandson. The plan includes purchase of home H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Purchase Home H wave device for the left hand: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, H-wave stimulation (HWT) Page(s): 117-118.

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

Decision rationale: The California MTUS section on H-wave therapy states: 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. (Julka, 1998) (Kumar, 1997) (Kumar, 1998) 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 patient does have a documented one-month trial with objective improvement in pain and function as well as the device being used as an adjunct to a program of evidence based functional restoration in the provided clinical documentation for review. Therefore, the request is medically necessary.