

Case Number:	CM15-0128831		
Date Assigned:	07/15/2015	Date of Injury:	10/25/2014
Decision Date:	08/11/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/03/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 28 year old female, who sustained an industrial injury on 10/25/2014. On primary treating physician narrative report dated 05/20/2015 the injured worker has reported pain. On objective findings the injured worker was noted to have utilized the H-wave 04/18/2015 through 05/11/2015. The diagnoses have included sprain of wrist, tenosynovitis and lesion of ulnar nerve. Treatment to date has included H-wave device, pain medication, TENS unit, physical therapy, chiropractic therapy, and home exercise program. The provider requested Home H-Wave Device for 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 for Purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulator Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, H-Wave stimulator.

Decision rationale: Pursuant to the Official Disability Guidelines, home H wave device for purchase is not medically necessary. H wave stimulation (HWT) is not recommended as an isolated intervention for chronic pain but one month trial, home-based, may be considered as a noninvasive conservative option. There is insufficient evidence to recommend the use of H stimulation for the treatment of chronic pain as no high quality studies were identified. The following Patient Selection Criteria should be documented by the medical care provider for HWT to be determined medically necessary. These criteria include other noninvasive, conservative modalities for chronic pain treatment have failed, a one-month home-based trial following a face-to-face clinical evaluation and physical examination performed by the recommending physician, the reason the treating physician believes HWT may lead to functional improvement or reduction in pain, PT, home exercise and medications have not resulted in functional improvement or reduction of pain; use of tens for at least a month has not resulted and functional improvement or reduction of pain. A one month trial will permit the treating physician and physical therapy provider to evaluate any effects and benefits. In this case, the injured worker's working diagnoses are wrist/forearm sprain strain; posttraumatic cubital tunnel syndrome. The date of injury is October 25, 2014. Request for authorization is May 28, 2015. A progress note dated May 11, 2015 is largely illegible. There is no clinical discussion, indication or rationale in the May 11, 2015 progress note regarding home H wave trial or purchase. The documentation in a separate attachment dated May 22, 2015 contains an H wave trial extending from April 8, 2015 through May 11, 2015. Consequently, absent clinical documentation in the May 11, 2015 progress note regarding an indication and rationale for ordering the H wave trial and a largely illegible handwritten progress note, home H wave device for purchase is not medically necessary.