

Case Number:	CM15-0170262		
Date Assigned:	09/10/2015	Date of Injury:	10/05/2011
Decision Date:	10/15/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/28/2015

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

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 60 year old female, who sustained an industrial injury on October 5, 2011, incurring injuries to the right thumb and right wrist. She was diagnosed with right thumb arthritis and joint tear. She had right wrist surgery performed on May 28, 2013. She continued to have wrist, hand and thumb pain with loss of range of motion interfering with her activities of daily living. In November, 2014, a Magnetic Resonance Imaging of her hand revealed multiple torn tendons and scar tissue. She was significantly limited to writing, eating, driving, and computer use with limited hand use. Treatment included pain medications, sleep aids, wrist splinting, and anti-inflammatory drugs transcutaneous electrical stimulation, H-wave, physical therapy and activity restrictions. Prior to the use of H-wave, she rated her pain 9 out of 10. The injured worker noted that after the use of H-wave, she reported that her pain was rated 5 out of 10 with increased range of motion. She had 30% improvement with H-wave device. Currently, the injured worker complained of increased hand and thumb pain with constant numbness and stiffness with paresthesia. She noted swelling and weakness of the right upper extremity and left upper extremity pain compensating for the injured right arm and hand. On March 25, 2015, the injured worker had a right thumb joint arthroplasty revision with right wrist trapezium excision with carpal tunnel decompression. She continued with thumb splinting and pain post-operatively. The treatment plan that was requested for authorization included a Home H-Wave device. On August 6, 2015, the request for a Home H-Wave device was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient was injured on 10/05/11 and presents with hand pain and right thumb pain. The request is for a HOME H-WAVE DEVICE. The RFA is dated 07/29/15 and the patient is not currently working. MTUS Guidelines, Transcutaneous Electric Nerve Stimulation section, page 117 under H-Wave stimulation has the following: H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive 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 and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. The patient is diagnosed with right thumb arthritis and joint tear and she had right wrist surgery performed on 05/28/13. The 07/29/15 report states that the patient had been using the H-wave device two times per day at 30-60 minutes per treatment PRN from 06/22/15 to 07/13/15. Patient has reported the ability to perform more activity and greater overall function due to the use of the H-wave device. Patient has given these examples of increased function due to H-wave: Pain subsides for couple hours. Other treatments used prior to H-wave: TENS unit, physical therapy, medications, 2 surgeries. The 07/03/15 H-wave Patient Compliance and Outcome Report indicates that the patient has not been able to decrease or eliminate the amount of medications taken, pain subsides for a couple of hours, and that the H-wave provides 30% improvement. In this case, the patient has not fully completed a 30-day trial, nor has she been able to decrease her medication intake. Therefore, the requested Home H-wave device IS NOT medically necessary.