MAXIMUS Federal Services

Case Number:	CM15-0176065		
Date Assigned:	09/17/2015	Date of Injury:	12/30/2013
Decision Date:	10/20/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/08/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 39 year old female, who sustained an industrial injury on December 30, 2013. She reported bilateral upper extremity pain with numbness and tingling throughout the right forearm, wrist and fingers. The injured worker was diagnosed as having carpal tunnel syndrome, bilateral De Quervain's tenosynovitis, lesion of the ulnar nerve, pain in the hand joint, therapeutic drug monitor and long-term use of medications. Treatment to date has included diagnostic studies, surgical intervention of the bilateral wrists, physical therapy (12 visits by August 27, 2015, therapy visit note), wrist splint, medications and work restrictions. Currently, the injured worker continues to report bilateral upper extremity pain with numbness and tingling throughout the right forearm, wrist and fingers and left knee pain. She also noted poor sleep and difficulty with cooking, cleaning, shopping, grasping and other activities of daily living. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was without complete resolution of the pain. Evaluation on July 29, 2015, revealed continued pain with associated symptoms as noted. Physical therapy evaluation on August 12, 2015, revealed continued pain as noted. She rated her pain at 5-6 on a 1-10 scale with 10 being the worst. Evaluation on August 26, 2015, revealed continued pain as noted. She noted the wrist splint helped with nighttime symptoms. The physical therapy visit note on August 27, 2015, revealed increasing pain in the right elbow and wrist. She rated her pain at 5 on a 1-10 scale with 10 being the worst and at 7 when it is at its worst. The RFA included requests for Home H-Have Device (purchase) and was non-certified on the utilization review (UR) on September 3, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Have Device (Purchase): 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: Home H-Have Device (Purchase) is not medically necessary per the MTUS Guidelines. The guidelines states that the 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 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 documentation does not indicate evidence of a one-month trial with evidence of significant objective increase in function attributable to the H wave. The request for purchase of an H wave unit is not medically necessary.