

Case Number:	CM15-0061829		
Date Assigned:	04/07/2015	Date of Injury:	10/02/2014
Decision Date:	05/27/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	04/01/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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:

This 37 year old woman sustained an industrial injury on 10/2/2014. The mechanism of injury is not detailed. Evaluations include right wrist MRI dated 12/31/2014. Diagnoses include right wrist arthralgia. Treatment has included oral medications and surgical intervention. Physician notes dated 2/5/2015 show complaints of right wrist and forearm pain rated 4/10. Recommendations include physical therapy, Ibuprofen, 30 day trial of H-wave stimulator, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME H-wave stimulator times 30 days trial: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 1114.

Decision rationale: H-wave stimulators have not been found to be effective except in conjunction with recommended treatments, including return to work, exercise and medications.

Effectiveness has been suggested by trial results for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post operative knee pain. The request for H-wave stimulation trial of the wrist for 30 days is not medically appropriate and necessary.