

Case Number:	CM13-0042241		
Date Assigned:	12/27/2013	Date of Injury:	04/19/2013
Decision Date:	01/07/2015	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/30/2013

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 34-year-old man who sustained a work-related injury on April 19, 2013. Subsequently, he developed chronic right wrist pain. Prior treatments included: physical therapy, medications, and a clinical trial of TENS. According to the progress report dated September 4, 2013, the patient was first treated with therapy and anti-inflammatory drugs and has improved. In July of 2013, he had an EMG/NCV study, which failed to show a carpal tunnel syndrome. The patient still has occasional 1/10 pain. He uses his H-wave device at least 3 times a week and an occasional Ibuprofen. This patient has been discharged from physical therapy and none of the submitted reports indicate that this patient has had a 30-day home TENS trial prior to consideration of H-wave. Despite the lack of authorization for this device, the H-wave continued to be used, and an outcome report from October 24, 2013 stated that medications have been eliminated and that the patient has had a 95% improvement in symptoms. The provider requested authorization for home H wave device trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

30-DAY TRIAL OF HOME H-WAVE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

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

Decision rationale: According to MTUS guidelines, H wave stimulation is not recommended in isolation. It could be used in diabetic neuropathy and neuropathic pain and soft tissue pain after failure of conservative therapies. There is no controlled supporting its use in radicular pain and focal limb pain. There is no documentation that the request of H wave device is prescribed with other pain management strategies in this case. Furthermore, there is no clear evidence for the need of H wave therapy. There is no documentation of patient tried and failed conservative therapies. There is no documentation of failure of first line therapy and conservative therapies including pain medications and physical therapy. There is no objective documentation of functional improvement with a previous TENS therapy. Therefore a Home H wave device 30 day trial is not medically necessary.