

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	11/10/2011
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004428

- 1) MAXIMUS Federal Services, Inc. has determined the request for H-wave unit **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/7/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for H-wave unit **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventive Medicine and Occupational Medicine, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The applicant, Ms. [REDACTED], is a 43-year-old represented former [REDACTED] assembler who has filed a claim for bilateral carpal tunnel syndrome reportedly associated with cumulative trauma from repetitive packing at work.

Thus far, she has been treated with the following: Analgesic medications; transfer of care to and from various providers and various specialties; left carpal tunnel release surgery in July 2012; corticosteroid injection; prior right carpal tunnel release surgery at an unspecified point in time; and extensive periods of time off of work.

The most recent progress note of July 18, 2013 is sparse, notable for comments that the applicant reports pain and weakness about the left hand as well as right hand pain at night. Positive Tinel and Phalen signs are appreciated. The applicant exhibits hand weakness. There is electrodiagnostic evidence of residual carpal tunnel syndrome. Recommendations are made for the applicant to obtain TENS unit and patches, consult an orthopedic hand surgeon, and employ Naprosyn for pain relief while remaining off of work, on total temporary disability.

Also reviewed is July 10, 2013 request for authorization for an H-wave home care system for indefinite use/purchase.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination [REDACTED]
- Medical Records from Provider
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for H-wave unit :

Section of the Medical Treatment Utilization (MTUS) Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Guidelines (2009), page 117, H-Wave Stimulation (HWT), which part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Page117, which is part of MTUS.

Rationale for the Decision:

MTUS states that H-wave is, at best, tepidly endorsed in the treatment of diabetic neuropathic pain and/or chronic soft tissue inflammation in those individuals who have tried and failed other forms of conservative care, including first line analgesic medications, second line physical therapy, and third line TENS unit. In this case, there is no clear evidence that the employee has tried and/or failed the third line TENS unit. The most recent progress report of July 18, 2013 suggests that the employee seemingly tried TENS unit for the first time on that date. It is further noted there is no prior evidence of a successful one-month trial of said H-wave home care system. It is difficult to support purchase or indefinite usage of the device without evidence of a successful one-month trial of the same. **The request for H-wave unit is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dj

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.