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| Case Number: | CM13-0000320 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 01/30/2013 |
| Decision Date: | 03/25/2014 | UR Denial Date: | 04/25/2013 |
| Priority: | Standard | Application Received: | 05/08/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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:

This is a patient with a date of injury of January 30, 2013. A utilization review determination dated April 25, 2013 recommends noncertification for H wave unit. A progress report dated June 17, 2013 identifies subjective complaints stating that the patient continues to have right wrist pain which is tolerable when doing nothing. The wrist is a key and the fingers are stiff. The note states, "she is using the H wave with only short-term relief period" the note also indicates that the patient has pain radiating into the forearm and thumb. Objective examination findings identify reduced right wrist range of motion. Diagnoses include a super condyle or fracture of the right distal humerus, scaphoid fracture, and multiple intrinsic hand ligament tears. Treatment plan recommends a Dynasplint. An H wave evaluation form dated June 5, 2013 indicates that the patient has "less pain" since using the H wave device, and indicates that the patient's "ability to function is increased". A progress report dated May 6, 2013 states, "we request authorization for H wave due to persistent symptoms with failed trial of tens unit at home."

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave trial for the right wrist/elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section H-Wave stimulation Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

Decision rationale: Regarding the request for H-wave unit, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation 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 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, including recommended physical therapy and medications plus transcutaneous electrical nerve stimulation. Within the documentation available for review, the requesting physician has stated that the patient underwent a TENS unit trial. However, there is no documentation indicating whether the patient underwent a 30 day tens unit trial as recommended by guidelines. There is no statement indicating how frequently the tens unit was used, and what the outcome of that tens unit trial was for this specific patient. Additionally, there is no documentation that the patient has had a successful H-wave trial with documentation of analgesic response (in terms of percent reduction in pain or reduction in NRS) and specific objective functional improvement. In the absence of such documentation, the currently requested H wave device is not medically necessary.