

Case Number:	CM13-0020954		
Date Assigned:	11/08/2013	Date of Injury:	04/29/2012
Decision Date:	01/27/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/06/2013

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 Family Practice and is licensed to practice in Texas. 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.

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 37-year-old female who reported a work related injury on 04/29/2012. The mechanism of injury was noted as the patient's left hand and finger got caught on a conveyor belt. The patient's diagnosis was listed as a left index finger sprain. The patient also reports tenderness to the left shoulder, elbow, and wrist with a decreased range of motion to the left shoulder as well as decreased strength. A request was made for a 30 day trial of H-wave.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day trial of H-wave: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

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

Decision rationale: Recent clinical documentation submitted for review stated the patient was still waiting for authorization for a left shoulder surgery. Objective findings of the patient's left shoulder included tenderness upon palpation to left shoulder, elbow, and wrist. Decreased range of motion was noted to the left shoulder with a positive impingement and supraspinatus test. Decreased strength was noted to the left shoulder in all planes. It was noted the patient had an in office trial of H-wave and reported significant relief in pain and stiffness. California Medical Treatment Guidelines for chronic pain indicate that H-wave is not recommended as an isolated

intervention, but a 1 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. H-wave stimulation is also recommended only following failure of initially recommended conservative care to include physical therapy, medications, and transcutaneous electrical nerve stimulation. There is a lack of documentation submitted stating the H-wave stimulation device would be used in conjunction with a program of functional restoration. A progress report dated 08/19/2013 stated the patient had already trialed other forms of conservative treatment to include acupuncture, physiotherapy with electrical stimulation, and medications; yet, there was no documentation noted the patient had failed conservative care to include transcutaneous electrical nerve stimulation. Given the above, the request for 30 day trial of H-wave is non-certified.