

<b>Case Number:</b>	CM13-0023027		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	07/03/2009
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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 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 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 56-year-old female patient with a 7/3/09 date of injury. She injured herself when she lifted 10 pounds frozen meat bags above her shoulder. A 4/3/14 progress report indicated that the patient had some mild stiffness in her hands with no tingling or significant pain. Objective findings revealed full composite grip bilaterally. She had full range of motion in all fingers with no triggering. There was full range of motion of the right thumb in abduction, adduction in opposite of MP an IP flexion and extension. She was diagnosed with status post left index and long finger trigger digit releases, with left thumb carpometacarpal (CMC) joint injection on 11/25/13, status post right index trigger digit realize and right thumb CMC arthroplasty on 06/12/13, and left thumb CMC joint osteoarthritis. The treatment to date includes medication management, physical therapy and injections. The patient returned to work with no restrictions. In the received medical records, a Utilization Review decision was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT DURABLE MEDICAL EQUIPMENT (DME) PURCHASE OF H-WAVE UNIT FOR TRIGGER FINGER UNSPECIFIED HAND.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). However, there was no documentation of significant pain or decreased functionality on bilateral hands and fingers. There was a documentation supporting that the patient returned to work with no restriction. In addition, there was no evidence of failure of medication management or physical therapy treatment. There is no description of a prior trial of an H-wave unit with functional improvement. It is unclear why the patient needs to purchase the H-wave unit as opposed to a rental. There is no documentation of failure of a TENS unit. Therefore, the request for outpatient durable medical equipment (DME) purchase of H-wave unit for trigger finger unspecified hand was not medically necessary.