

Case Number:	CM13-0025200		
Date Assigned:	11/20/2013	Date of Injury:	01/13/2012
Decision Date:	02/27/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/16/2013

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 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.

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 42-year-old female who reported a work-related injury as a result of a fall on 01/13/2012. Subsequently, the patient underwent open reduction and internal fixation of the right distal radius comminuted intra-articular fracture as of 02/02/2012, with subsequent removal of hardware as of 05/14/2013, with the right first dorsal extensor tendon compartment release. The most recent clinical note submitted for review was dated 07/18/2013, signed by a physical therapist, illegible signature, which reported the patient was educated in a home exercise program. The patient was utilizing vassal massager and paraffin wax.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Day Rental of Home H Wave Device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

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

Decision rationale: The current request is not supported. The clinical notes submitted for review lacked documentation of the patient's current presenting objective functional deficits; the patient's course of treatment since last postoperative interventions were performed in 05/2013, to include exhaustion of lower levels of conservative treatment, including failure with transcutaneous electrical nerve stimulation as recommended via guidelines prior to the requested

durable medical equipment being requested per California MTUS. Given all the above, the request for 30 day rental of Home H-wave device is not medically necessary or appropriate.