

Case Number:	CM13-0055050		
Date Assigned:	12/30/2013	Date of Injury:	06/04/2013
Decision Date:	03/26/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/20/2013

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 Medicine 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. 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:

The patient is a 60-year-old male who reported an injury on 06/04/2013. The mechanism of injury involved a fall. The patient is currently diagnosed with laceration to the radial proper nerve as well as flexor tendon to the little finger on the left hand and status post left wrist surgery. The patient was seen by [REDACTED] on 09/05/2013. Physical examination revealed relative stiffness in almost every joint of the left hand, and diminished range of motion. Treatment recommendations included postoperative physical therapy to the left hand and wrist times 8 sessions as well as a 30 day trial of an H-wave system.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave rental for the left wrist: 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 Section Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state H-wave stimulation is not recommended as an isolated intervention, but a 1 month home based trial may be considered as a noninvasive conservative option. H-wave stimulation should be used as an adjunct to a program

of evidence based functional restoration. As per the documentation submitted, the patient's physical examination only revealed diminished range of motion. There is no documentation of a failure to respond to conservative treatment including physical therapy, medications, and TENS therapy. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.