

Case Number:	CM13-0059937		
Date Assigned:	01/29/2014	Date of Injury:	04/19/2013
Decision Date:	05/23/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 48-year-old male who reported an injury on 04/19/2013. The mechanism of injury was not provided for review. The injured worker reportedly received a 5th metacarpal to his right hand which developed into a deformity. Treatment history included physical therapy, medications, and splinting. Evaluation dated 10/09/2013, documented that the patient was able to make a complete fist however was unable to fully extend the proximal interphalangeal joint of the right little finger and had tenderness to palpation along that joint. Diagnoses included a 5th metacarpal fracture of the right hand with an acquired boutonniere deformity of the right little finger with sensitivity. The injured worker was again evaluated on 10/23/2013. It was documented that a clinical trial of a TENS unit was not indicated for the injured worker's complaints and that the injured worker had failed to progress through a physical therapy program and medications were not providing symptom relief. An H-wave therapy unit for a 30-day trial was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE, 30 DAY TRIAL: 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.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommends this treatment modality as an adjunct treatment for injured workers who have significant deficits that have failed to respond to physical therapy, medications, and a TENS unit. The clinical documentation does indicate that the treating physician does not feel a TENS unit would provide the injured worker with any relief; therefore, that treatment modality was not attempted. However, the clinical documentation submitted for review does not provide any quantitative assessments of deficits to support the need for this intervention. Additionally, there is no documentation of an associated active functional restoration program that would benefit from the adjunct treatment of a home H-wave device. There is no documentation that the injured worker is participating in a home exercise program. The efficacy of this treatment modality cannot be determined as an adequate assessment of the injured worker's functional deficits was not provided. The request for a Home H-wave device 30-day trial is not medically necessary and appropriate.