MAXIMUS Federal Services

Case Number:	CM13-0065449		
Date Assigned:	01/17/2014	Date of Injury:	05/28/2013
Decision Date:	05/28/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/13/2013

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 patient is an employee of [redacted] and has submitted a claim for left hand pain with an industrial injury date of May 28, 2013. Treatment to date has included medications; occupational therapy; and open reduction and percutaneous pinning of the left third, fourth, and fifth complex dislocations of the CMC joint. Utilization review from November 22, 2013 denied the request for Home H-Wave Device. Purchase because there was no documentation of failure of initially recommended conservative care. Medical records from 2013 were reviewed, which showed that the patient complained of left hand pain, which was lessened post-operatively. The patient was also noted to be compliant with physical therapy. On physical examination, the patient had approximately 70% of his composite flexion back and had more passive range of motion than active. He had less shiny glistening skin and had less sweating and swelling. CRPS manifestation seemed to be subsiding at the time of the examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117,118.

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

Decision rationale: According to pages 117-118 of the Chronic Pain Medical Treatment Guidelines, 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 medication, plus transcutaneous electrical nerve stimulation. In this case, the patient's signs and symptoms were noted to be improving with initial conservative management. However, the initial use of TENS unit was not documented which is recommended b the guidelines prior to starting H-wave device usage. The indications were not met, therefore, the request for Home H-Wave Device is not medically necessary.