

Case Number:	CM13-0066733		
Date Assigned:	01/03/2014	Date of Injury:	05/01/2010
Decision Date:	04/21/2014	UR Denial Date:	12/08/2013
Priority:	Standard	Application Received:	12/17/2013

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 & Rehabilitation has a subspecialty in Pediatric Rehabilitation 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 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 a 31-year-old male who reported an injury on 05/01/2010. The mechanism of injury involved a fall. The patient is currently diagnosed as status post left radiolunate fusion, status post left radioscapoid fusion, and status post severe intra-articular left distal radius fracture. The patient was seen by [REDACTED] on 11/05/2013. The patient reported significant pain to the left wrist. Physical examination revealed multiple well-healed surgical scars, normal range of motion, diffuse tenderness to palpation, and decreased sensation. Treatment recommendations included an H-wave stimulation device for home use

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNIT FOR HOME USE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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

non-invasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation. As per the documentation submitted, it is noted that the patient has responded well to an H-Wave trial. Although it is noted that the patient failed to respond to physical therapy, hand therapy and medication, the patient reported improvement with TENS therapy. There is documentation that the physician is recommending continued HEP and hand therapy. Although the patient may meet some of the criteria for H-Wave therapy, further documentation would be needed regarding the H-Wave trial, including length of treatment, objective functional improvements made, and a treatment plan with the specific short- and long-term goals of treatment with the unit. The request for an H-Wave unit for home use is not medically necessary and appropriate.