MAXIMUS Federal Services

Case Number:	CM13-0067529		
Date Assigned:	01/03/2014	Date of Injury:	08/14/2013
Decision Date:	05/21/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/18/2013

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 and is licensed to practice in Illinois. 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 reported an injury on 08/14/2013 after his glove got caught in a machine and his hand was pulled in which reportedly caused a fracture to his left ring and little finger with traumatic amputation of the distal interphalangeal joint of the left middle finger. The injured worker's treatment history has included physical therapy, splinting, and cognitive behavioral therapy. The injured worker was evaluated on 11/27/2013. It was documented that the injured worker underwent H-wave therapy during physical therapy which decreased his pain levels and allowed for an improvement in function. Physical findings included mild swelling in all digits of the left hand with decreased range of motion. It was documented that the injured worker was participating in a home exercise program. The injured worker's diagnoses included traumatic middle finger amputation, distal phalanx fractures of the ring and small finger, and finger contractures. The injured worker's treatment plan included continuation of physical therapy, continuation of a home exercise program, continuation of medications, and a trial of a home H-wave unit. It was documented that the injured worker had had incomplete symptomatic relief with an initial trial of conservative treatments to include physical therapy, oral pain medications, and transcutaneous electrical nerve stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

A ONE MONTH RENTAL OF AN H-WAVE UNIT: 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 Page(s): 117.

Decision rationale: The requested one month rental of an H-wave unit is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends this treatment modality for a trial of 30 days as an adjunct to therapy to an active restoration program after all other lesser chronic pain treatment modalities have failed to resolve the injured worker's pain. The clinical documentation does indicate that the injured worker has ongoing pain complaints of the hand. Additionally, it is noted within the documentation that the injured worker is participating in physical therapy and a home exercise program that would benefit from this adjunct therapy. It is noted within the documentation that the injured worker has failed to reasonably respond to physical therapy, medications, and a TENS unit. Therefore, a trial would be appropriate for this patient. However, the request as it is submitted does not clearly identify a body part. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested one month rental of an H-wave unit is not medically necessary or appropriate.