

Case Number:	CM13-0069106		
Date Assigned:	01/03/2014	Date of Injury:	03/28/2000
Decision Date:	05/23/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/20/2013

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, has a subspecialty in Sports 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 injured worker is a 44-year-old male who reported an injury on 03/28/2000. The mechanism of injury was a fall from a ladder. The injured worker had an ORIF of a left wrist and hand fracture. The injured worker had been treated with physical therapy and epidural steroid injections. The diagnosis was status post fall with multiple injuries. The documentation of 12/02/2013 revealed the injured worker had trialed a TENS unit and it did not provide satisfactory or adequate relief. The injured worker had suggestive complaints of pain and exhibited impaired activities of daily living. The treatment plan included the purchase of an HWave.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE (PURCHASE/INDEFINITE USE): Upheld

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

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

Decision rationale: California MTUS guidelines do not recommend H-wave stimulation as an isolated intervention, however, recommend a one-month trial for neuropathic pain or chronic soft

tissue inflammation if used as an adjunct to a program of evidence based restoration and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The clinical documentation submitted for review failed to indicate the injured worker had objective benefit received from the H-Wave unit. There was lack of documentation of an objective decrease in pain and the duration of the trial. Given the above, the request for home h-wave device (purchase/indefinite use) is not medically necessary.