

Case Number:	CM14-0005064		
Date Assigned:	01/24/2014	Date of Injury:	02/26/2012
Decision Date:	06/11/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/14/2014

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 Orthopedic Surgery 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 21 year old male with a reported date of injury on 02/26/2012. The injury reportedly occurred when the injured worker was knocked down by a forklift. On 03/05/2012, the injured worker underwent an open reduction and internal fixation of right radius and ulnar fracture. The injured worker had an MRI of the right knee 05/02/2013, revealing no abnormality. The injured worker complained of mental aching and depression, aching and numbness throughout his right forearm and aching along the lumbar spine. According to the documentation provided for review the H-wave was being requested to be utilized for the injured worker's wrist. According to the clinical note dated 01/21/2014 the injured worker had tenderness along the right wrist and forearm, the note also stated that the MRI dated 12/14/2012 revealed possible impingement. The injured worker's diagnoses included closed forearm fracture, status post open reduction/internal fixation, resolved right knee contusion and symptom amplification. The medication regimen was not provided with the documentation available for review. The request for authorization for an H-wave unit one month home rental-denied by physician advisor was submitted on 01/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

H WAVE UNIT ONE MONTH HOME RENTAL-DENIED BY PHYSICIAN ADVISOR:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS guidelines recommend a one-month home-base trial of H-wave stimulation to be considered for chronic soft tissue inflammation if used in addition to an evidenced-based functional restoration. The injured worker should have a documented diagnosis of chronic soft-tissue injury or neuropathic pain, that was unresponsive to conventional therapy, including physical therapy, medication and TENS. The clinical information provided for review lacks documentation of the use of NSAIDs, Opioids, physical therapy and TENS. There is a lack of documentation regarding functional deficits, range of motion or previous complaints of wrist pain beyond 01/21/2014. As the rationale is unclear, the request for H-wave unit one month home rental is not medically necessary.