

Case Number:	CM14-0021524		
Date Assigned:	05/07/2014	Date of Injury:	06/04/2013
Decision Date:	07/09/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/20/2014

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 Mississippi. 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 medical records presented for review note that this 61-year-old individual was injured on June 4, 2013. The mechanism of injury is noted to be a trip and fall and a left wrist injury as noted. The current diagnosis is noted to be a flexion contracture of the left wrist and surgical treatment completed indicates a closed capsulotomy and immobilization and extension. Postoperatively a course of rehabilitative physical therapy was initiated. Just after the date of injury, a wrist surgery was completed as well. The progress note dated September 15, 2013 indicates that there are complaints of neck pain, bilateral shoulder, bilateral upper extremity and bilateral knee pain. There was some lumbosacral muscle spasm noted on physical examination. The diagnosis was noted as a laceration of the radial nerve of the left hand and a mild carpal tunnel syndrome. Additional physical therapy was outlined. The orthopedic consultation completed in September noted multiple dates of injury (November 13, 2012, June 4, 2013 and a cumulative trauma between February 2006 and June, 2000). The physical examination noted this 5'10" 222 pound individual to have some "musculoskeletal distress in the left wrist." Additional physical therapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE DEVICE FOR THE LEFT WRIST: 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 Page(s): 118.

Decision rationale: The medical records presented for review indicated there was an injury to the left wrist, thought to be a fracture, that ultimately required surgical treatment for a flexion contracture. The current physical examination notes a reasonable range of motion noting the date of injury and that there is no clinical data presented to suggest the need for a device synthesis. There is no evidence of diabetic neuropathic pain, or inflammatory process. Therefore, based on the clinical information presented for review, there is insufficient data to support this request. The request for a H-Wave device for the left wrist is not medically necessary and appropriate.