

Case Number:	CM14-0030596		
Date Assigned:	06/20/2014	Date of Injury:	05/16/2013
Decision Date:	07/17/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/10/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 57 year old male who reported an injury on 05/16/2013 due to a crane arm pushing him up against a pack of glass. The injured worker underwent ulnar nerve repair. The injured worker complained of increasing pain into his wrist area with the cold weather and numbness of the left ring and little fingers. The injured worker also complained of diffused tenderness into the wrist. Physical examination revealed grip of his left, injured, dominant hand had doubled. Using rapid exchange technique it measured 60, 60 and 60 lbs., while the right measured 110, 100 and 90lbs. He demonstrated full flexion and extension of his left ring and little fingers. There was a slight degree of wasting of the dorsal interossei. The injured worker also demonstrated slight intrinsic wasting of the left first dorsal interosseous and the left abductor digiti minimi. The injured worker has diagnoses of a complicated laceration to the elbow and distal alone fracture radius. The injured worker has undergone physical therapy, occupational therapy and been seen by a chiropractor. The treatment plan is for a Home H-Wave Device purchase. The rationale and request for authorization were not submitted for review.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist, and Hand Complaints H-wave stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The request for Home H-Wave Device purchase is not medically necessary. The injured worker underwent ulnar nerve repair. The injured worker complained of increasing pain into his wrist area with the cold weather and numbness of the left ring and little fingers. The California Medical Treatment Utilization Schedule (MTUS) guidelines stipulate documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. The MTUS guidelines also state that H-Wave devices are not recommended as a primary treatment modality. In the report submitted there was no documentation of the injured worker trying and failing at conservative care, to include physical therapy and/or medications. As it was noted that he was treated with physical therapy, it did not show whether it assisted with any functional deficits the injured worker may have had. There was a lack of documentation of objective evidence and physical findings. The guidelines also recommend a 1 month trial with proper documentation as to how the machine was used, where it was used and the effectiveness of the H-Wave. Furthermore, the guidelines recommend the 1 month trial be for rental of the device before purchase. The request for the H-Wave is for purchase of device. As such, the request is not medically necessary.