

Case Number:	CM14-0038011		
Date Assigned:	06/25/2014	Date of Injury:	04/01/2013
Decision Date:	08/22/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/01/2014

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, has a subspecialty in Pain Management and is licensed to practice in Texas & Oklahoma. 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 54-year-old male who reported an injury on 04/01/2013. The documentation of 03/03/2014 revealed the injured worker had utilized the H-wave home care system and had complaints of pain and exhibited impaired activities of daily living. The documentation indicated the injured worker reportedly had an ability to perform more activity and greater overall function due to the use of the H-wave and felt better with the H-wave. The documentation indicated the injured worker had utilized the H-wave for 23 days after trial of Physical Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Purchase of Home H-wave Device and System related to right thumb and hand injury.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

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

Decision rationale: The California MTUS Guidelines do not recommend H-wave stimulation as an isolated intervention however, they do recommend a 1-month trial for neuropathic pain or chronic soft tissue inflammation if it is used as an adjunct to a program of evidence-based restoration and it is only appropriate following the failure of initially recommended conservative care, which includes physical therapy, medications, and the trial of a TENS unit. The clinical documentation submitted for review indicated the injured worker had trialed the unit for 23 days and felt better with the unit. However, there was a lack of documentation of objective functional benefit. Additionally, there was a lack of documentation indicating the injured worker had previously been treated with medications and a TENS unit. There was a lack of documentation indicating the unit would be utilized as an adjunct to physical therapy. Given the above, the request for purchase of a Home H-Wave device and system related to the right thumb and hand injury is not medically necessary.