

Case Number:	CM14-0099578		
Date Assigned:	07/23/2014	Date of Injury:	06/28/2012
Decision Date:	09/30/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/11/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 individual was reportedly injured on June 28, 2012. The mechanism of injury is noted as being pinched between a mobile ladder and turnbuckle flat bar, fracturing the hand with a laceration. The most recent progress note dated May 19, 2014 indicates that there are ongoing complaints of hand pain. The physical examination is not noted on this progress report; however, a prior progress note dated May 1st 2014 from a different provider indicates that the claimant was able to make a full fist with weakness, and persistent swelling in the dorsal part of the hand. Diagnostic imaging studies included conventional radiographs and the claimant subsequently underwent an open reduction internal fixation of an open 2nd metacarpal fracture and crush injury, on July 5, 2012, and subsequently, on February 12, 2014, the claimant underwent right index finger metacarpal hardware removal with extensor Tendon lysis and Palmer scar revision with partial Palmer fasciectomy. Physical therapy, pharmacotherapy, the noted surgical intervention, work modifications, and occupational therapy have been provided. A request was made for a home H wave device and was not certified in the pre-authorization process on June 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 171-172.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

Decision rationale: California Medical Treatment Utilization Schedule guidelines will support a one-month HWT (H-Wave Stimulation) for diabetic neuropathic pain and chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following a failure of conservative treatment, physical therapy, medications and transcutaneous electrical nerve stimulation (TENS). Review of the available medical records fails to document the criteria required including a successful response to a one-month trial of H-Wave Stimulation. As such, this request for the purchase of a home H wave device is not considered medically necessary.