

Case Number:	CM14-0012306		
Date Assigned:	02/21/2014	Date of Injury:	09/12/2008
Decision Date:	02/27/2015	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/27/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Per documentation of 12/5/2013 the injured worker sustained a work-related injury on 9/12/2008 with a traumatic amputation of the index finger and surgical reattachment of the thumb. He was continuing to complain of right hand, index finger and thumb pain with near burning pain radiating up the arm. There was swelling of the elbow and pain up to the shoulder and shoulder blade. On examination there was traumatic amputation of the right index finger with a stump. There was diminished sensation and hypersensitivity in that region. Grip strength was 4/5 in the right hand. There was some swelling in the antecubital fossa of the right elbow with tenderness. He was also tender over the medial and lateral epicondyles. There was some tenderness to the right scapula with mild spasm as well. The injured worker was using a TENS unit but it did not help. The provider was requesting an H wave unit. Utilization review denied a request for an H wave 30 day trial for the right hand on 12/23/2013. Chronic pain medical treatment guidelines were cited. An independent medical review was requested on 12/27/2013. Per available documentation of 5/5/2014 the injured worker has occasional cramping in the right hand when he hits it. He has no pain. He can sleep 6 hours. On examination there is tenderness over the right index finger stump with decreased sensation to the stump. The grip is mildly weak. Blood pressure was 160/96.

IMR ISSUES, DECISIONS AND RATIONALES

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

H WAVE (30 day trial) for the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Chronic pain medical treatment guidelines do not recommend H wave stimulation as an isolated intervention but a one-month home based trial of stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration. There is no evidence of diabetic neuropathy or chronic inflammation. As such, the request for a one-month trial of H wave stimulation is not supported by guidelines and the medical necessity is not established.