MAXIMUS Federal Services

Case Number:	CM14-0178528		
Date Assigned:	12/24/2014	Date of Injury:	05/21/2014
Decision Date:	01/21/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/28/2014

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 Internal Medicine 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:

TThe injured worker (IW) is a 35-year-old man with a date of injury of May 21, 2014. The mechanism of injury occurred when the IW was untying frames from a truck in order to unload them. When a couple of the frames fell, the IW put his arms up to block his head. The frames hit his head and left forearm. He was wearing a hardhat. The IW sustained multiple extensor tendon lacerations and soft tissue injuries, which required surgical intervention. Subsequently, the IW developed a significant amount of stiffness involving his left index, middle, ring, small fingers, and wrist joint. According to a medical document, the IW underwent exploration, incision, irrigation debridement, and primary repair of extensor carpi ulnaris, primary repair of extensor carpi radialis brevis, repair of laceration and application of a long arm splint performed May 23, 2014. Prior treatments have included hand therapy and acupuncture treatments. Per hand therapy note dated September 12, 2014, examination revealed increased grip and increased wrist range of motion. The IW had a 22 days trial with H-wave therapy. The post evaluation was a subjective response to whether H-wave therapy (HWT) provided relief. The IW reported a 50% reduction in pain with use of HWT. There was no documentation of objective functional improvement associated with the use of HWT. The current request is for Purchase of one H-wave device for left forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of one home H-wave device for left forearm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H Wave Stimulation Device Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, H Wave Stimulation Device

Decision rationale: Pursuant to the Official Disability Guidelines, purchase of one home H wave device for left forearm is not medically necessary. H wave stimulation (HWT) is not recommended as an isolated intervention for chronic pain. There is insufficient evidence to recommend the use of HWT for the treatment of chronic pain because there are no high quality studies identified on this topic. There is no evidence that HWT is more effective as an initial treatment with compared to TENS for analgesic effects. The Patient Selection Criteria are enumerated in the Official Disability Guidelines. These criteria need to be documented in the medical record for the H wave device to be medically necessary. Although there are no published studies to guide recommendations for use, a one-month home-based trial of HWT may be considered following a documented face-to-face clinical evaluation and physical examination. In this case, the injured worker had a 22 day trial with HWT. The post evaluation form was a subjective response form answering whether HWT provided relief. The guidelines indicate there is insufficient evidence to recommend the use of HWT for the treatment of chronic pain because there are no high quality studies identified on this topic. The documentation contains subjective findings but does not contain findings of objective functional improvement as a result of the HWT trial. There is no evidence that HWT is more effective as an initial treatment with compared to TENS for analgesic effects. Consequently, absent the appropriate objective clinical findings and the guidelines indicating insufficient evidence to recommend HWT, purchase of one home page wave device for the left forearm is not medically necessary.