MAXIMUS Federal Services

Case Number:	CM15-0102580		
Date Assigned:	06/04/2015	Date of Injury:	05/31/2014
Decision Date:	07/07/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/28/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 43 year old male, who sustained an industrial injury on 05/31/2014. Initial complaints and diagnosis were not clearly documented. On provider visit dated 04/15/2015 the injured worker has reported complained of pain. Objective findings were noted as a decreased need for overall medication with the use of the Home H wave and improved overall activity and overall function and apply to move arm and wrist more. The diagnoses have included other closed fracture of distal end of radius. He underwent an open treatment of left distal radius fracture with multiple fragment and open treatment of left ulnar styloid in a separate incision on 06/10/2014 and repair of left ulnar styloid nonunion on 08/05/2014 and on 10/07/2014 left ulna removal of deep buried hardware-2 separate pins. Treatment to date has included medication, physical therapy, TENS, surgical interventions and occupational therapy. The injured worker was noted not to be working. The provider requested Retrospective Home H-Wave Device (DOS 10/31/14) after failing conservative treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Home H-Wave Device (DOS 10/31/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online version).

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

Decision rationale: Pursuant to the Official Disability Guidelines, retrospective Home H-Wave Device date of service October 31, 2014 is not medically necessary. H wave stimulation (HWT) is not recommended as an isolated intervention for chronic pain but one month trial, home-based, may be considered as a noninvasive conservative option. There is insufficient evidence to recommend the use of H wave stimulation for the treatment of chronic pain as no high quality studies were identified. The following Patient Selection Criteria should be documented by the medical care provider for HWT to be determined medically necessary. These criteria include other noninvasive, conservative modalities for chronic pain treatment have failed, a one-month home-based trial following a face-to-face clinical evaluation and physical examination performed by the recommending physician, the reason the treating physician believes HWT may lead to functional improvement or reduction in pain, PT, home exercise and medications have not resulted in functional improvement or reduction of pain; use of TENS for at least a month has not resulted and functional improvement or reduction of pain. A one month trial will permit the treating physician and physical therapy provider to evaluate any effects and benefits. In this case, the injured worker's working diagnosis is complications due to internal orthopedic device implant/graft left wrist. The documentation does not contain a one-month clinical trial. The injured worker was given a 192 day "clinical trial" ranging from October 31, 2014 to May 11, 2015. After the initial 30 days, there was no documentation indicating objective functional improvement. It was subjective improvements noted. According to the home electrotherapy and history form dated October 25, 2014, the medication and physical therapy sessions were left blank (although checked off) and the TENS unit just stated "multiple times". There was no specific information as to how long TENS was utilized and whether there was objective functional improvement. Consequently, absent clinical documentation within one month clinical trial and objective functional improvements as a result of that one month clinical trial, retrospective Home H-Wave Device date of service October 31, 2014 is not medically necessary.