

Case Number:	CM15-0027489		
Date Assigned:	02/19/2015	Date of Injury:	02/27/2013
Decision Date:	03/18/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/13/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 52 year old female who sustained an industrial injury on 2/27/2013. She has reported a crush injury to the left hand. The diagnoses have included crush amputation of the distal end of the left digits 2 and 3 requiring skin grafting and rotator cuff tendinitis. The patient's surgical history include complete avulsion of phalanx of left digits 2 and 3 fingers; left shoulder arthroscopic surgery on 9/5/14. Treatment to date has included physical therapy, left shoulder arthroscopy debridement with extensive subacromial decompression acromioplasty, cold therapy unit, home exercises and medication management. The medication list include: Keflex, Etodolac, gabapentin, Omeprazole and Hydrocodone. Per the doctor's note dated 1/7/15 patient had complaints of left shoulder pain Physical examination revealed tenderness on palpation in left UE The patient has had X-ray of the left hand that revealed avulsion defect of left index and ring finger. Currently, the IW complains of left shoulder pain and skin graft area pain. Treatment plan included Home H-wave device purchase. The patient has had MRI of the left shoulder that revealed supraspinatus tendinosis on 4/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device, Purchase/indefinite use: 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 (HWT) Page(s): Page 117-118.

Decision rationale: Request: Home H-Wave Device, Purchase/indefinite use: Per the CA MTUS Chronic Pain Medical Treatment Guidelines H-wave stimulation (HWT) is not recommended as an isolated intervention, but a one-month home-based trial of H Wave 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, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). Per the records provided, any indications listed above were not specified in the records provided. The records provided did not specify any evidence of neuropathic pain, CRPS I and CRPS II. Any evidence of a trial and failure of a TENS for this injury was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. The records provided did not specify a response to conservative measures such as oral pharmacotherapy or splint in conjunction with rehabilitation efforts for this diagnosis. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of Home H-Wave Device, Purchase/indefinite use is not fully established for this patient.