

<b>Case Number:</b>	CM14-0160070		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 & Rehabilitation, 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:

The injured worker is a 57-year-old male who reported an injury on 01/15/2013. The mechanism of injury was due to a traumatic amputation when the injured worker's finger was caught in the fan belt. The injured worker has diagnoses of causalgia upper limb, finger amputation and disarticulation and acquired trigger finger. Past medical treatment included medications, H wave unit, corticosteroid injection to trigger finger, occupational therapy. Diagnostic testing included x-rays of hand on 01/15/2013. The injured worker underwent amputation of right index finger with digital neurectomies and local tissue closure on 01/15/2013. The injured worker complained of moderate pain in the index finger across MCPs of hand and down his palm with shooting, and burning pains on 08/22/2014. The injured worker stated having more pain when inactive, and wakes up some nights in pain, has weak grip. The injured worker complained of phantom pains of his finger on some days, worsening triggering of his other fingers. The physical examination revealed flex MCP index to 80 degrees, there is no extension. The injured worker had allodynia of finger and into palm, had triggering of long and ring fingers with palpable nodules mid palm that were painful, unable to extend MCPs due to tendon traction. The injured worker is not taking any medications as of 08/22/2014. The treatment plan is for conductive glove for H wave, and compression glove (3 pairs). The rationale for the request is the physician recommends compression glove of right hand for daily usage to help desensitize the hand and conductive glove for the right hand to be used with H wave for better efficacy of H wave usage. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Conductive glove for H-wave:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

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

**Decision rationale:** The request for Conductive glove for H-wave is not medically necessary. The injured worker complained of moderate pain in the index finger across MCPs of hand and down his palm with shooting, and burning pains on 08/22/2014. The California MTUS guidelines note the use of H-wave stimulation 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, and medications, plus transcutaneous electrical nerve stimulation (TENS). The injured worker has participated in occupational therapy and has had H-wave treatment. There is a lack of documentation indicating the injured has had any functional improvement with home based H-wave and documentation demonstrating the efficacy of the unit as well as detailing how often the unit was used. Therefore the request for Conductive glove for H-wave is not medically necessary.

**Compression gloves (3 pairs):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, CRPS, treatment

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

**Decision rationale:** The request for Compression gloves (3 pairs) is not medically necessary. The California MTUS guidelines note the use of H-wave stimulation 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, and medications, plus transcutaneous electrical nerve stimulation (TENS). The injured worker has participated in physical therapy and has had H-wave treatment. There is a lack of documentation indicating the injured has had any functional improvement with home based H-wave and documentation demonstrating the efficacy of the unit as well as detailing how often the unit was used. Therefore the request for Conductive glove for H-wave is not medically necessary.

