

Case Number:	CM14-0161214		
Date Assigned:	10/06/2014	Date of Injury:	04/01/1998
Decision Date:	10/31/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/01/2014

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 and 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 54 year old male with a date of injury on 4/1/1996. As per the report of 07/03/14, he complained of severe scapholunate disassociation of both wrists and pain in the wrist, left greater than right. He remained symptomatic. He rated his pain at 4/10 before the H-wave therapy. An examination of bilateral wrists revealed dorsiflexion was 60 degrees, volar flexion was 50 degrees, ulnar deviation was 30 degrees, and radial deviation was 20 degrees. Pronation and supination of the forearm was 80 degrees each. A magnetic resonance imaging (MRI) of the left wrist without contrast on 07/17/14 revealed complete tear of the scapholunate ligament with unchanged widening of the scapholunate space to approximately 5 mm, prominent edema within the scaphoid consistent with evolving osteitis, and the lunotriquetral ligament was not well seen. X-ray of the bilateral wrists on 08/19/14 revealed mild triscaphe joint degenerative changes. Fluoroscopy of the left wrist revealed scapholunate widening and an increased scapholunate angle noted on the lateral view. Current medications include losartan, allopurinol, and gabapentin. He has done well with physical therapy. He reported 10% improvement with H-wave therapy. Diagnosis includes bilateral scapholunate dissociation, left greater than right. Past surgeries were not documented in the clinical records submitted with this request. The request for H-Wave device, purchase was denied on 09/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave device, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Pain, H-wave stimulation (HWT)

Decision rationale: According to the evidence based guidelines, H-Wave 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 to respond to conventional therapy, including physical therapy, medications, and Transcutaneous Electrical Neuro-Stimulation (TENS). In this case, the medical records do not document the above guidelines being met. There is no evidence of diabetic neuropathic pain or chronic soft tissue inflammation; He is diagnosed with bilateral scapholunate dissociation. The records do not show failure of conventional therapy, as the injured worker has done well with physical therapy. Thus, the request is not considered medically necessary and is not medically necessary.