
Notice of Independent Medical Review Determination

Dated: 11/26/2013

[REDACTED]

[REDACTED]

[REDACTED]

Date of UR Decision:

[REDACTED]

3/7/2013

Date of Injury:

1/31/2013

IMR Application Received:

5/14/2013

MAXIMUS Case Number:

CM13-0000345

- 1) MAXIMUS Federal Services, Inc. has determined the requested thirty (30) day trial of H-Wave system for the neck and left shoulder **is not medically necessary and appropriate.**

An application for Independent Medical Review was filed on 5/14/2013 disputing the Utilization Review Denial date 3/07/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/25/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the requested thirty (30) day trial of H-Wave system for the neck and left shoulder **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated March 7, 2013.

“Employee was hit by an individual driving westbound in a stolen vehicle. The individual ran a red light and hit the front end of the City vehicle. Diagnosis: 719.41, Joint Pain-Shoulder, 723.1, Cervicalgia”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]

- 1) **Regarding the request for Thirty (30) day trial of H-Wave system for the neck and left shoulder:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Transcutaneous Electrotherapy, H-Wave Stimulation, pages 114-117, of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator.

The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured his neck and left shoulder on 1/31/2013 in an automobile accident. An x-ray of the left shoulder was negative. The employee was given pain medication and has had five sessions of physical therapy per the submitted utilization review. A request was made for a thirty (30) day trial of H-Wave system for the neck and left shoulder.

The Chronic Pain Medical Treatment Guidelines do not recommend H-Wave stimulation as an isolated intervention unless following failure of conservative care, including transcutaneous electrical nerve stimulation (TENS). There were no submitted medical records available to review, and no documented record of the employee having failed conservative care. The requested thirty (30) day trial of H-Wave system for the neck and left shoulder is not medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Paul Manchester, MD, MPH
Medical Director

cc:



/bh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.