

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the request for a 3-month rental of an H-Wave device **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/24/2013 disputing the Utilization Review Denial dated 6/13/2013. 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 request for a 3-month rental of an H-Wave device **is not medically necessary and appropriate.**

Medical Qualifications of the Professional 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 professional 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 June 13, 2013.

“This 53-year-old male injured his right upper extremity in a work-related accident on 1/6/13. The mechanism of injury occurred while he was loading a heavy object onto a truck. Diagnosis; Sprains and strains of other specified sites of elbow and forearm, 841.8. He sustained a right elbow distal biceps tendon tear for which surgical repair took place on 1/29/13. In the post-operative course, he has been attending formal physical therapy. He apparently underwent a trial of an H-wave device as well. A report from the H-wave device for 38 days of use between 3/22/13 and 4/29/13 indicated a 30% improvement. There was a request now for a 3-month rental of the above device for further use. The most recent clinical progress report in this case dated 5/6/13 stated that the associate still had discomfort when lifting and carrying objects in the arm with examination demonstrating healed incision, pain over the medial border, and full range of motion.”

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:

- Application for Independent Medical Review dated 6/24/2013
- Utilization Review Determination provided by [REDACTED] dated 6/13/2013
- Medical Records from 1/07/2013 through 5/29/2013
- Chronic Pain Medical Treatment Guidelines, 2009, Transcutaneous Electrotherapy, H-Wave Device, pages 114-117

1) Regarding the request for a 3-month rental of an H-Wave device:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, 2009, Transcutaneous Electrotherapy, H-Wave Device, pages 114-117, of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 1/16/2013 and experienced sprains/strains to the right elbow and forearm. The employee also experienced a right elbow distal biceps tendon tear and underwent surgical repair on 1/29/2013. Post-operative treatment included physical therapy and a 38-day H-Wave device trial. A request was submitted for a 3-month rental of an H-Wave device.

The Chronic Pain Medical Treatment Guidelines indicate an H-Wave device is not recommended as an isolated intervention. The guidelines allow for a one-month home-based trial for 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 employee's medical records received and reviewed do not indicate a failure of a TENS trial, which is a requirement prior to H-wave stimulation. The request for a 3-month rental of an H-Wave device 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/bh/dj

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.