MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

[redacted]

Dated: 12/27/2013

Employee:	[redacted]
Claim Number:	[redacted]
Date of UR Decision:	7/26/2013
Date of Injury:	10/4/2012
IMR Application Received:	8/21/2013
MAXIMUS Case Number:	CM13-0014741

DEAR [redacted]

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 Management 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 physician 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.

DOCUMENTS REVIEWED

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]
- [redacted]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with a date of injury of October 4, 2012. A utilization review determination dated July 26, 2013 recommended non-certification for H wave purchase. A progress report addendum dated May 30, 2013 appears to be an H wave unit request. This is a template with checked boxes. Boxes checked under subjective complaints include patient complains of pain, exhibits impaired range of motion, and impaired activities of daily living. Diagnosis is rotator cuff capsule strain. Treatment plan recommends a 30 day evaluation trial of H wave Homecare System. Treatment goals include improving functional capacity and activities of daily living. Boxes checked indicating that physical therapy has already been tried as well as a clinical trial of TENS unit. A progress report addendum dated July 15, 2013 includes boxes checked stating patient complains of pain and impaired activities of daily living. Diagnosis state 840.4. Treatment plan recommends purchase of an H Wave unit. Treatment goals include improving functional capacity, activities of daily living as well as reducing or eliminating pain and reducing oral medication. Numerous scientific studies regarding H wave were provided. A physical therapy note dated April 10, 2013 indicates that an interferential unit was used. Physical therapy notes dated March 28, 2013, April 9, 2013, and April 10, 2013, indicates that an interferential unit was used.

IMR DECISION(S) AND RATIONALE(S)

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

1. H-Wave Device is not medically necessary and appropriate.

The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, which is part of the MTUS.
The Physician Reviewer's decision rationale: Regarding H-wave stimulation, the Chronic Pain Medical Treatment Guidelines states "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 you used as an adjunct to program of evidence-based functional restoration, only following failure of initially recommended conservative care, including physical therapy and medications, plus transcutaneous electrical stimulation." The medical records provided for review does not include specific information regarding a TENS unit trial and if one has been performed. The records does not reflect documentation indicating how long a TENS unit trial was performed, and why it failed. Additionally, there's no specific documentation identifying that an H wave trial has been performed, how often the unit was used during the trial, what degree of medication reduction was achieved, and whether or not the employee achieved any objective functional improvement as a result of this trial. **The request for H-Wave device purchase is not medically necessary and appropriate.**

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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 decision

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