

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **11/15/2013**

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

7/12/2013

Date of Injury:

1/30/2013

IMR Application Received:

7/29/2013

MAXIMUS Case Number:

CM13-0004201

- 1) MAXIMUS Federal Services, Inc. has determined the request for a **home H-wave device** is not **medically necessary and appropriate**.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 **home H-wave device** 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 Preventive Medicine and Occupational 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.

Expert Reviewer Case Summary:

The applicant, Mr. Bryan, is a represented 38-year-old [REDACTED] scan specialist who has filed a claim for bilateral shoulder and wrist pain reportedly associated with cumulative trauma at work first claimed on January 1, 2013.

Thus far, he has been treated with the following: Analgesic medications; work restrictions; unspecified amounts of acupuncture; and unspecified amounts of physical therapy.

In a utilization review report of July 12, 2013, the claims administrator denied request for an H-wave home care system. The applicant subsequently appealed.

A handwritten note of July 14, 2013 is difficult to read, notable for comments that the applicant is returned to restricted duty work, is having persistent complaints of hand pain and paresthesias, and is asked to pursue additional physical therapy and acupuncture in conjunction with an H-wave home care system.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a home H-wave device:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), H-wave stimulation (HWT), Page 117-118, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), H-wave stimulation (HWT), Page 117-118, which is part of MTUS.

Rationale for the Decision:

MTUS states that H-wave stimulation is, at best, tepidly endorsed as a fourth line treatment in the management of diabetic neuropathic pain and/or chronic soft tissue inflammation in those individuals who have tried and failed other initially recommended conservative care, such as physical therapy, home exercises, medications, AND conventional TENS unit. In this case, however, there is no evidence that a conventional TENS unit was tried and failed. The employee is still receiving physical therapy and acupuncture as of the date of the request. Thus, it does not appear that other initially recommended conservative care has been failed. **The request for a home 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,

Paul Manchester, MD, MPH
Medical Director

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

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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 decisions.