

Case Number:	CM13-0001052		
Date Assigned:	11/08/2013	Date of Injury:	06/01/2011
Decision Date:	01/17/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/09/2013

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 Anesthesiology, has a subspecialty in Pain Medicine & 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 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. 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 patient is a 35 year old male who reported an injury on an unknown date in 2011. Mechanism of injury was not provided. There were only two PR-2 reports submitted with the medical records and both were unreadable. The only other information about the patient was submitted on the H-wave use summary taken 70 days into treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave System: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117.

Decision rationale: The California MTUS Guidelines recommend H-wave stimulation for diabetic neuropathic pain or chronic soft-tissue inflammation if used with an adjunct functional restoration program. Also, the H-wave therapy must be implemented after all other conservative care options have failed. Measuring the efficacy of this treatment includes objective evidence in reduction of medication use and increased functionality. Due to the poor quality of the notes submitted for review, it is impossible to determine if this treatment is medically indicated; there

are no diagnoses, no discussion of previous therapies and no objective findings available for review. Therefore, the request for H-wave stimulation is non-certified.