

Case Number:	CM13-0004770		
Date Assigned:	12/11/2013	Date of Injury:	06/09/2005
Decision Date:	02/06/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/29/2013

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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease, and is licensed to practice in Texas. 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 36-year-old female who reported injury on 06/09/2005 due to repetitive motion. The patient was noted to be using an H-wave unit which was beneficial. The patient's diagnoses were noted to be mononeuritis of upper limb and mononeuritis multiplex. The request was made for the purchase of 1 H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for purchase one H-Wave Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

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

Decision rationale: California MTUS guidelines do not recommend H-wave stimulation as an isolated intervention, however, recommend a one-month trial for neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based restoration and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS).

The clinical documentation indicated the patient had trialed physical therapy and/or exercise, had a home trial of a TENS unit and medications and had failed them as of 06/26/2012. There were multiple letters written by the physician starting in 2012 with the most recent letter being 10/29/2013 which revealed the patient had continued use of the unit and that it seemed to be instrumental in alleviating the patient's pain. However, the clinical documentation submitted for review failed to provide the objective functional benefit for the patient and it failed to provide the patient was using the H-wave as an adjunct to a program of evidence based restoration. Given the above, the request for purchase 1 H-wave unit is not medically necessary.