

Case Number:	CM13-0009128		
Date Assigned:	10/11/2013	Date of Injury:	12/04/2008
Decision Date:	01/23/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/09/2013

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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 52-year-old male who reported injury on December 04, 2008. The mechanism of injury was not provided. The patient's diagnoses were noted to include Complex regional pain syndrome (CRPS) in the left upper extremity, thoracic outlet syndrome, and adhesive shoulder capsulitis, along with cervical myofascial pain. The request was made for continued rental of H-wave for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued rental of H-Wave for three (3) months: 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 Page(s): 117-117.

Decision rationale: The California MTUS Guidelines indicate that trial periods of more than 1 month should be justified by documentation submitted for review and that there are no published studies to support the use of H-wave and it is not recommended. The documentation submitted for review in appeal revealed the patient had an improvement in pain and function and, thereby, improvement in concentration and sleep. The patient noted that the H-wave was beneficial. The

patient was noted to be able to return to work as a professor of medicine despite the severity of pain and orthopedic limitations. It was further noted the patient uses the device in addition to home exercise program and polypharmacy without narcotics. The patient was noted to have failed a TENS treatment. The clinical documentation submitted for review indicated the patient had positive functional benefit; however, it failed to provide documentation of a necessity for 3 additional months of a trial period. Given the above, the request for continued rental of H-Wave for three (3) months is not medically necessary.