

Case Number:	CM13-0020834		
Date Assigned:	10/11/2013	Date of Injury:	11/14/2010
Decision Date:	02/04/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	09/06/2013

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 Physical Medicine and 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 56-year-old female who reported a work related injury on 11/14/2010, specific mechanism of injury not stated. The clinical notes document the patient presents for shoulder and cervical spine pain complaints. Clinical note dated 07/02/2013 reports the patient utilizes the H-wave for her back, neck, and hand. The clinical note documented the patient was allowed to decrease her medications status post utilizing an H-wave 2 times a day for 30 to 45 minutes for 104 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Home H-wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

Decision rationale: The current request is not supported. There was no clinical documentation submitted for review evidencing the patient's baseline physical exam findings prior to use of an H-wave and physical exam findings status post 104 days use of an H-wave. Furthermore, the clinical notes did not evidence quantifiable objective functional improvements, as evidenced by

an increase in range of motion, decrease in rate of pain on a VAS scale, and decreased medication use. The 1 clinical note submitted for review documents all the above; however, there was a lack of clinical documentation submitted indicating the patient's current medication regimen and medication regimen prior to use of an H-wave. California MTUS indicates, there is no evidence that H-wave is more effective as an initial treatment when compared to TENS for an analgesic effect. The clinical note documented the patient had failed with use of a TENS unit; however, duration and frequency of utilization of a TENS was not evidenced in the clinical notes reviewed. Given all the above, the request for purchase home H-wave unit is not medically necessary or appropriate.