

Case Number:	CM13-0024687		
Date Assigned:	11/20/2013	Date of Injury:	11/19/2010
Decision Date:	01/08/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/16/2013

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 New York and 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.

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 49-year-old female who reported a work-related injury on 11/19/2010; specific mechanism of injury was not stated. The clinical note dated 07/29/2013 reported the patient presented for treatment of the following diagnoses: cervical spine sprain/strain and cervical spine degenerative disc disease. The patient was seen under the care of [REDACTED]. The provider documented the patient was seen in clinic for H-wave trial for bilateral shoulder and cervical spine pain complaints. The provider documented the patient prior to treatment utilized described her pain at 9/10 with range of motion rated at 7/10 to 8/10. The patient utilizes ibuprofen by mouth twice a day. The provider documented the patient underwent 30 days trial of H-wave trial and reported decrease in pain and increase in function. The provider recommended proceeding with 30 days home trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device for one (1) month rental: 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 Page(s): 118.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence a recent thorough physical exam of the patient or documentation of

other active treatment modalities for the patient's pain compliance. In addition, California MTUS indicates, "There is no evidence that H-wave is more effective as an initial treatment when compared to TENS for analgesic efforts." California MTUS indicates there must be documentation evidencing failure of initially recommended conservative care to include physical therapy, medications, and a TENS unit. The clinical documentation submitted for review failed to evidence recommended guideline criteria prior to the requested durable medical equipment. Given all of the above, the request for home H-wave device for one (1) month rental is non-certified.