

Case Number:	CM13-0026733		
Date Assigned:	11/22/2013	Date of Injury:	08/08/2011
Decision Date:	01/28/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/19/2013

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 & 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 29-year-old male who reported an injury on 08/08/2011. The mechanism of injury was not provided for review. The patient reportedly sustained an injury to his neck and left shoulder. The patient was treated conservatively with physical therapy, medications, a TENS unit, and psychological support. The patient underwent a trial of an H-wave therapy, which provided a decrease in frequency of headaches related to the patient's neck pain, increased mobility, increased ability to sleep, and a decrease in medications. The patient's most recent physical evaluation included painful movements of the right hip with reduced deep tendon reflexes. The patient's diagnoses include joint pain, cervicalgia, lumbago, and chronic pain syndrome. The patient's treatment plan included psychological supportive care, medications, and the purchase of a home H-wave device.

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 device: 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 Section H-wave stimulation (HWT), Page(s): 117.

Decision rationale: The requested purchase of a home H-wave therapy device is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has symptom relief as a result of the home H-wave therapy trial. However, California Medical Treatment Utilization Schedule does not recommend this treatment unless the patient is participating in a functional restoration program that includes active therapy. The clinical documentation submitted for review did not provide any evidence that the patient is able to participate in an active therapy program as a result of the H-wave therapy. There is no documentation that the patient is participating in physical therapy, or a home exercise program. Additionally, the most recent physical evaluation does not provide any physical deficits related to the left shoulder or neck. Therefore, there is no way to determine the efficacy through objective findings of the home H-wave therapy trial. As such, the requested home H-wave device is not medically necessary or appropriate.