

Case Number:	CM13-0035529		
Date Assigned:	12/13/2013	Date of Injury:	02/01/2013
Decision Date:	02/12/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/17/2013

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 Family Practice 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 50-year-old female who reported a work-related injury on 02/01/2013, as a result of cumulative trauma. The patient presents with cervical spine pain with radiation to the bilateral upper extremities. The clinical note dated 08/22/2013 reports the patient was seen under the care of [REDACTED] who documented the patient was to begin utilizing an H-wave unit, undergo MRI arthrogram of the right shoulder and the patient was administered 2 topical analgesics for her pain complaints. The provider documents the patient presents with complaints of mechanical cervical spine pain, inflammatory process of the right shoulder, myoligamentous strain of the lumbar spine, and tenosynovitis Achilles tendon at the insertion.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The clinical documentation submitted for review lacks evidence to support the current request. The California MTUS indicates H-wave stimulation is not recommended as an isolated intervention but a 1 month home-based trial of H-wave stimulation may be

considered as non-invasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based functional restoration and only following failure of initially recommended conservative care including recommended physical therapy, i.e., exercise and medications plus transcutaneous electrical nerve stimulation. The clinical notes fail to document that the patient has utilized a recent course of supervised therapeutic interventions, the patient's current medication regimen, or that the patient failed with trial of a TENS unit. Given all of the above, the request for H-wave is not medically necessary or appropriate.