

Case Number:	CM13-0042126		
Date Assigned:	12/27/2013	Date of Injury:	04/26/2013
Decision Date:	07/29/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Internal Medicine 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 expert 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 injured worker is a 65-year-old male who reported an injury on 04/26/2013. The mechanism of injury was not provided. The injured worker does have a diagnosis of back contusion. The medical records are illegible so there are no medical records to review. There is no documentation of pain management or pain assessment. There is no documentation provided of physical therapy or home exercises. The plan for treatment is unclear. The request for authorization and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

An H-wave device for home use: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-118.

Decision rationale: The request for an H-wave stimulation device for home use is non-certified. According to the California MTUS Guidelines, the H-wave stimulation device is not recommended as an isolate intervention and it is recommended in adjunct to a program of evidence-based functional restoration and only following the failure of initially recommended

conservative care, including recommended therapy, medications, and a transcutaneous electrical nerve stimulation. There is no evidence provided regarding any kind of conservative care. There was no medication list provided. There were no home exercises provided. The request for the H-wave device does not have any specific instructions as to frequency and duration. Therefore, the request for the H-wave stimulation device for home use is non-certified.