

Case Number:	CM13-0042893		
Date Assigned:	12/27/2013	Date of Injury:	06/15/2006
Decision Date:	02/21/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/21/2013

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 Sports Medicine and is licensed to practice in Texas and New York. 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 62-year-old female who reported injury on 06/15/2006. The mechanism of injury was not provided. The clinical documentation submitted for review, dated 09/19/2013 revealed that the physician was asking for reconsideration for the H-wave medical device. The physician indicated that he was providing a plan for the patient's usage of the device. The patient's diagnoses were noted to include sprains and strains of the neck. A request was made for a 1 month trial of an H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit: one (1) month home use evaluation to be used one to two (1-2) times daily for thirty to sixty (30-60) minutes each session or as needed QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Chronic Pain Guidelines do not recommend H-wave stimulation as an isolated intervention; however, the guidelines recommend a one-month trial for neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based

restoration and only following failure of initially recommended conservative care, including recommended physical therapy, like exercise, and medications, plus transcutaneous electrical nerve stimulation (TENS). Clinical documentation submitted for review failed to provide documentation of the patient's initial failure with conservative care. Additionally, it failed to provide that the patient had trialed a transcutaneous electrical nerve stimulation device. Given the above, the request for H-wave unit: one (1) month home use evaluation to be used one to two (1-2) times daily for thirty to sixty (30-60) minutes each session or as needed QTY: 1.00 is not medically necessary.