

Case Number:	CM13-0043342		
Date Assigned:	03/28/2014	Date of Injury:	06/06/2011
Decision Date:	08/21/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/23/2013

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 and Rehabilitation and is licensed to practice in Illinois. 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 38-year-old male who reported an injury on 06/06/2011. The mechanism of injury was reported as the injured worker slid down an embankment. Treatments included medications, an ankle brace, physical therapy, and transcutaneous electrical nerve stimulation. His diagnosis was noted to be a fibular fracture. A primary treating physician's narrative report dated 03/31/2014 is the most recent document for review. It is noted in the subjective complaints that the injured worker had complaints of pain and exhibited impaired activities of daily living. The objective findings were not included within this narrative report. A treatment plan was for purchase of a home H-Wave device. The treatment indication was two times per day at 30 to 60 minutes per treatment as needed. The provider's rationale for the request was not provided within the documentation. A request for authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

30-DAY TRIAL OF H-WAVE UNIT FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Non-MTUS Guidelines, dir.ca.gov as well as acoem.org, and odg-treatment.com.

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

Decision rationale: A request for 30-day trial of H-Wave unit for the cervical spine is not medically necessary. According to the California MTUS Chronic Pain Medical Treatment Guidelines, a 1-month home based trial of H-Wave stimulation may be considered as a noninvasive 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 and medications, plus transcutaneous electrical nerve stimulation. The documents provided for review support the injured worker with use of medications and physical therapy, and transcutaneous electrical nerve stimulation. However, the efficacy of those treatments was not noted on the narrative report to support failure of conservative care. An evidence-based functional restoration program or an adjunct to H-Wave was not noted to be in place. Therefore, according to the guidelines, a 30-day trial of H-Wave unit for the cervical spine is not medically necessary.