

Case Number:	CM13-0043613		
Date Assigned:	12/27/2013	Date of Injury:	12/16/2008
Decision Date:	02/20/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/25/2013

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 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 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:

This patient is a 28 year old female, date of injury 12-16-08. Primary diagnosis is cervical injury, neck strain. Mechanism of injury was lifting and manipulating pizza dough, overuse. PR-2 report 07-31-13 by [REDACTED] documented subjective complaints: aggravated neck and right shoulder. Objective findings included sensory loss, pain, trigger points; decreased ROM. Diagnosis was cervical injury. Treatment plan included: 4 sessions (chiropractic), modified work, no pain management. [REDACTED] documented on 08-06-13 that the TENS did not provide satisfactory or adequate relief. PR-2 report 08-07-13 by [REDACTED] documented pain, weakness, sensory loss, impaired ROM. Treatment plan: return to work full duty 08-08-13, H-wave home device DME 30 day trial. PR-2 report 08-21-13 by [REDACTED] documented pain, weakness, sensory loss, impaired ROM. Treatment plan: chiropractic sessions, home gym, and modified work. Patient's report for H-Wave 21 days of use (08-28-13) and 78 days of use (10-24-13) documented that the patient subjectively experienced a benefit from the H-wave device. PR-2 report 09-11-13 by [REDACTED] documented pain, weakness, sensory loss. Treatment plan: chiropractic sessions. PR-2 report 09-27-13 by [REDACTED] documented pain, weakness, sensory loss. Treatment plan: conditioning program. PR-2 report 10-28-13 by [REDACTED] documented increased pain, weakness, sensory loss, diminished range of motion. Treatment plan: chiropractic sessions, full duty. Request for authorization (RFA) dated 09-16-13 requested the Purchase/Indefinite Use of Home H-Wave Device.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave electrotherapy unit purchase for the cervical spine: 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 Page(s): 117-118.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines state: H-wave stimulation (HWT) is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for 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 (TENS). The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review. Work Loss Data Institute (2011) Pain (chronic) NGC guideline states: H-wave stimulation (HWT) was considered, but was not recommended.