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| Case Number: | CM13-0054966 | | |
| Date Assigned: | 01/22/2014 | Date of Injury: | 03/22/2011 |
| Decision Date: | 06/11/2014 | UR Denial Date: | 10/24/2013 |
| Priority: | Standard | Application Received: | 11/20/2013 |

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 Occupational 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:

This is 39 year old female who has reported wrist pain after an injury on 03/22/11. She has been diagnosed with wrist pain and tendonitis. Treatment has included physical therapy, medications, injection, a brace, and H-Wave therapy. Per the treating physician report of 7/10/13, the pain is better. The H-Wave therapy device was recently received. Work status was modified and a brace may be used. The H-Wave therapy was reportedly used over the next two months. Work status was "full duty" as of 9/4/13. The earlier H-Wave therapy requests were on 6/25/13 and 10/9/13 and were for a 30 day trial and for 3 months use. The physical therapy reports mention using H-Wave therapy but the treating physician reports (not the forms from the vendor) provide minimal mentions of H-Wave therapy. The treating physician report of 10/2/13 states that the injured worker is maximally medically improved with no need for any further medical care. On 10/24/13 Utilization Review non-certified use of the H-Wave therapy, noting the lack of information about functional improvement and the MTUS recommendations for H-Wave therapy. The Utilization Review decision was appealed for Independent Medical Review. The Independent Medical Review appeal was on 1/21/14, the same date as a vendor-generated form regarding the H-Wave therapy. That form states that there is pain, impaired activities of daily living, and a purchase of the device is requested. That form states that function is better and medications were stopped due to the H-Wave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNIT AND SUPPLIES (RENTAL OR PURCHASE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT).

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

Decision rationale: The MTUS provides a limited recommendation for H-Wave therapy. The available medical reports do not show that diabetic neuropathy is the condition treated, or that there has been a sufficient course of conservative care prior to recommending H-Wave therapy. There has been no trial of a TENS unit. None of the treating physician reports adequately discuss H-Wave therapy in the context of the recommendations in the MTUS. No recent treating physician reports describe a current program of "evidence-based functional restoration" for which H-Wave therapy might be needed. On the contrary, the injured worker was described as maximally medically improved with no need for any further medical care. H-Wave therapy is not medically necessary based on the MTUS.