

Case Number:	CM13-0056687		
Date Assigned:	03/31/2014	Date of Injury:	01/23/2007
Decision Date:	08/11/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/22/2013

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 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 53-year-old female who reported an injury on 01/23/2007. The mechanism of injury was not provided. Prior therapies included acupuncture and the use of an H-wave. The documentation of 10/22/2013 revealed the injured worker had worsening of cervical tenderness and painful range of motion. The diagnoses included lower extremity radiculopathy and right shoulder sprain and strain. The treatment plan included an H-wave and aquatic therapy, as well as continued medications, topical compounds, and a psychologist consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNIT FOR PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT) Page(s): 117-118.

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

Decision rationale: The California MTUS Guidelines do not recommend H-wave stimulation as an isolated intervention; however, a 1-month, home-based trial of H-wave stimulation may be considered as a noninvasive conservative option. There should be documentation that the unit

would be used as an adjunct to a program of evidence-based functional restoration. There should be documentation the injured worker had failed initial conservative care, including physical therapy, medications, and the utilization of a TENS unit. The clinical documentation submitted for review failed to provide the injured worker would be utilizing the unit as an adjunct to a program of evidence-based functional restoration. There was a lack of documentation indicating there was a failure of initially-recommended conservative care, indicating physical therapy, medications, and a TENS unit. Additionally, it was indicated the injured worker had utilized the H-wave. There was a lack of documentation indicating the duration of use and the objective functional benefit that was received. Given the above, the request for H-wave unit for purchase is not medically necessary.