

Case Number:	CM13-0057669		
Date Assigned:	12/30/2013	Date of Injury:	08/19/2013
Decision Date:	05/15/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 31-year-old female who reported an injury on 08/19/2013. The mechanism of injury was not provided. Current diagnoses include neck sprain and thoracic sprain. A Primary Treating Physician's Progress Report was submitted on 10/25/2013. The injured worker reported persistent pain with activity limitation. Physical examination was not provided. Treatment recommendations included an H-wave home care system for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE ELECTRIC STIMULATION DEVICE FOR 3 MONTHS: 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 Page(s): 117-121.

Decision rationale: The MTUS Chronic Pain Guidelines state H-wave stimulation is not recommended as an isolated intervention, but a 1 month home-based trial may be considered as a non-invasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation. H-wave stimulation should be used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care. As

per the documentation submitted, a previous authorization request was submitted on 09/18/2013 for an H-wave home care system trial. There was no objective evidence of an improvement in function or physical examination findings that would warrant the need for additional use. There is no evidence of failure to respond to physical therapy, medications, or TENS therapy. Without evidence of objective functional improvement following the initial trial, the current request cannot be determined as medically appropriate. Therefore, the request is not medically necessary and appropriate.