

Case Number:	CM13-0061247		
Date Assigned:	12/30/2013	Date of Injury:	05/13/2013
Decision Date:	04/11/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/04/2013

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 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 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:

The patient is a 68 year old male who reported an injury on 05/13/2013. The injury was noted to have occurred when the patient was hit by a car and fell. He was diagnosed with left wrist sprain, left shoulder derangement, left knee sprain, and lumbar sprain. His symptoms were noted to include pain in the hand, shoulder, low back, and knee. He was also noted to have impaired range of motion in all regions with pain and impaired activities of daily living related to pain. He was noted to have previously failed treatment with physical therapy, medications, and a trial of a TENS unit as well as injections. It was also noted that the patient had tried and H-wave stimulator in a clinical setting and reported significantly reduced pain.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the California MTUS Guidelines, a 1 month home based trial of H-wave stimulation may be recommended as an adjunct to a program of evidence based

functional restoration only following the failure of initially recommended conservative care including physical therapy, exercise, and medications plus the use of a TENS unit. The clinical information submitted for review indicates that the patient has failed conservative treatment with physical therapy, medications, and a TENS unit. Additionally, it was noted that he reported relief with use of H-wave stimulation in a clinical setting with relief. Therefore, a 1 month home based trial of H-wave stimulation would be supported by the California MTUS Guidelines. However, the request for an H-wave unit and supplies is not supported without evidence of pain relief and improved function following a 1 month home based trial of H-wave stimulation. Therefore, the request is non-certified.