

Case Number:	CM13-0061747		
Date Assigned:	12/30/2013	Date of Injury:	02/26/2013
Decision Date:	03/26/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/05/2013

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 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 64 year-old female sustained an injury while closing the hood of a bus, pulling a muscle on 2/26/13 while employed by [REDACTED]. Request under consideration include H-Wave purchase. Previous conservative care has included physical therapy, chiropractic treatment, and H-wave. Report of 11/4/13 from chiropractic provider noted patient was a candidate for conditioning program to strengthen and return to work in the open job market. Exam showed tenderness at C5-6 with bilateral trigger points; decreased range of cervical motion with flexion/extension at 31/29 degrees. Diagnoses included cervical acceleration deceleration injury; thoracic sprain and strain; cervico-thoracic subluxation. There is a template report for H-wave with questionnaire with reply of H-wave 10-day use has helped more than prior treatment with decrease of medication and sleep better. The request was non-certified on dated notification of 11/13/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for H-Wave purchase: 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 Transcutaneous Electrotherapy, H-Wave Stimulation Page(s): 115-118.

Decision rationale: Submitted reports have not provided specific medication name or what decreasing dose has been made as a result of the H-wave unit trial. There is no change in work status or functional improvement demonstrated to support for the purchase of this unit. Multiple abstract publications for H-wave device were provided. The MTUS guidelines recommend a one-month HWT (H-Wave Stimulation Unit) rental trial to 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. The patient has underwent a 10-day H-wave use without any documented consistent pain relief in terms of decreasing medication dosing and clear specific objective functional improvement in ADLs (Activities of Daily Living Skills) have not been demonstrated. There is no documented clarification on reason for checked failed trial of TENS (Transcutaneous Electric Nerve Stimulation) unit nor any indication the patient has a home exercise program for adjunctive exercise towards a functional restoration approach per submitted report. The patient was not working for this February 2013 injury. Therefore, Decision for H-Wave purchase is not medically necessary and appropriate.