

Case Number:	CM13-0072322		
Date Assigned:	01/08/2014	Date of Injury:	03/19/2013
Decision Date:	06/05/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/30/2013

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 and 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 60 year old male with a date of injury of 3/19/13. The mechanism of injury occurred when a metal door closed and hit him in the head and right hand. An x-ray of the hand was taken on an unknown date; it showed no fractures. An MRI performed on 4/27/13 showed cervical spine degenerative changes and an asymmetric disc bulge at C5-6. The x-ray and MRI results were not available for review with the clinical documentation provided. The clinical note dated 10/24/13 stated that the injured worker complained of stiffness in his neck. Neck range of motion was documented as flexion at 20 degrees, extension at 20 degrees, right and left lateral bend at 5 degrees, as well as right and left rotation at 5 degrees. The documentation of upper extremities motor strength was 5/5. The injured worker's medication regimen included Voltaren, Robaxin, Norco, Protonix, naproxen, and Ultram. According to the clinical documents, the injured worker has attended physical therapy with functional improvements, and he began a home based trial with the H-wave device in October 2013. According to the clinical documentation provided, the injured worker stated that the H-wave has helped him to decrease his use of pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

A HOME H-WAVE DEVICE FOR PURCHASE/INDEFINITE USE TO BE USED IN 30-60 MINS SESSIONS AS NEEDED: Overturned

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend a one-month home-based trial of the H-wave unit before further treatment with the device can be granted. H-Wave stimulation helps to relax the muscles. The clinical documents provided give clear objective documentation of functional improvements related to use of the H-wave unit. According to a note written by the injured worker, the use of the H-wave device has completely helped him to stop taking all pain medication. As such, the request is medically necessary.