

Case Number:	CM14-0005910		
Date Assigned:	02/07/2014	Date of Injury:	08/29/2013
Decision Date:	06/30/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/15/2014

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 Occupational Medicine 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 patient is a 42 year old female with an 8/29/13 date of injury. Diagnoses include lumbar and cervical sprain, right shoulder impingement syndrome, left knee derangement, and right knee sprain. The patient was seen on 12/12/13, where no objective or subjective findings were noted. An H wave unit was ordered on this visit. An EMG/NCV of the upper and lower extremities performed on 11/7/13 was normal. Treatment to date includes physical therapy with improvement, medications, and shoulder injection. A UR decision dated 12/31/13 denied the request given as there was no evidence that the patient had failed a tens unit and no physician notes were provided to support any treatment recommendation.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE 30 DAY TRIAL: 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 Chronic Pain Medical Treatment Guidelines (H-wave stimulation Page(s): 117-118.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue

inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). In this case, there is no rationale given for the H wave unit, in addition there is no documentation that the patient failed a TENS unit. Therefore, the request for a Home H wave device is not medically necessary and appropriate.