MAXIMUS Federal Services

Case Number:	CM14-0016307		
Date Assigned:	04/14/2014	Date of Injury:	11/18/2011
Decision Date:	06/02/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/10/2014

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 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 41-year-old female who reported an injury on 11/18/2011. The mechanism of injury was the injured worker went bowling as a team-building exercise and when she tried to roll the ball it got stuck on the fingers of the right hand and the injured worker fell landing on her shoulder and her left outstretched wrist. The diagnosis includes left wrist sprain/strain and bilateral shoulder sprain/strain. The documentation of 11/18/2013 revealed the injured worker failed a TENS unit for low back and did not feel it was strong enough and had trialed physical therapy. The injured worker indicated the H-wave felt much stronger. Additionally, there was a treatment plan for a 30-day evaluation trial of the H-wave home care system. There was no documentation after the request for the evaluation. The request as submitted was for an H-wave purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT). Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON H-WAVE Page(s): 117.

Decision rationale: California MTUS Guidelines recommend H-wave stimulation device when used as an adjunct to a program of evidence-based restoration for the treatment of neuropathic pain. The clinical documentation submitted for review indicated the injured worker failed initially recommended conservative care including recommended physical therapy and transcutaneous electrical nerve stimulation. There was lack of documentation indicating failure of medications. There was no DWC Form RFA or PR2 submitted after the 30 day trial to support the necessity for a purchase. Given the above, the request for H-wave purchase is not medically necessary.