

Case Number:	CM14-0017634		
Date Assigned:	04/16/2014	Date of Injury:	02/22/2013
Decision Date:	06/03/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/12/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 34 year old male who reported an injury on 02/22/2013. There was no mechanism of injury documented on the clinical notes submitted for review. The Patient Compliance and Outcome Report dated 02/27/2014 noted a decrease in medication, and an increase in daily activities such as ability to walk farther, sit longer, sleep better, stand longer, and more family interaction. The report also documented a 50% pain improvement using the Hwave. The progress note dated 01/14/2014 reported the injured worker complained of pain and exhibited impaired activities of daily living. The request for authorization was submitted on 01/14/2014 for a home h-wave device with no diagnosis recorded.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE 3 ADDITIONAL MOS.: Upheld

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

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

Decision rationale: The request for home H-wave device, 3 additional months is not medically necessary. The injured worker complained of neck and lower back pain to which he was using

the H-wave for. The injured worker has used the H-wave for a one month trial and documentation for compliance and outcome has been submitted. The California Chronic Pain Treatment guidelines recommend the one-month HWT trial may 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. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review. The patient compliance and outcome reported a decrease in medication, and an increase in daily activities such as ability to walk farther, sit longer, sleep better, stand longer, and more family interaction. The report also documented a 50% pain improvement using the H-wave. While the H-wave device appeared to offer relief, it was unclear if the unit was to be utilized as an adjunct to a program of evidence-based functional restoration. Therefore, the request is not medically necessary.