MAXIMUS Federal Services

Case Number:	CM14-0019333		
Date Assigned:	04/21/2014	Date of Injury:	12/12/2009
Decision Date:	07/02/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/14/2014

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 33 year old female who reported an injury on 12/12/2009 secondary to being struck by a ladder. The injured worker was evaluated on 06/29/2011 for reports of neck pain, left shoulder pain, low back pain, pain in hands and wrists bilaterally, left hip pain, left knee pain, left ankle pain and periodic headaches. The exam noted cervical spine flexion at 38/39/40 degrees, extension at 34/33/35 degrees, left tilt at 38/38/35 degrees, right tilt at 44/46/47 degrees, left rotation at 40/39/40 degrees and right rotation at 52/53/54 degrees. The left shoulder range of motion was noted at 160 degrees forward flexion, 160 degrees abduction, 60 degrees internal rotation, 55 degrees external rotation, 25 degrees adduction and 20 degrees extension. The lumbar range of motion was noted at 32/33/31 degrees flexion, 18/17/18 degrees extension, 24/25/24 degrees left tilt and 32/33/35 degrees right tilt. The diagnoses included early cervical disc degeneration with radicular pain complaints, early disc degeneration of the lumbar spine, right wrist pain and rotator cuff tendinitis of the left shoulder. The treatment plan included medication and physiotherapy. The request for authorization was not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: The California MTUS Guidelines do not recommend H-Wave therapy as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). The most recent exam noted in the documentation provided were from 06/29/2011. There is no evidence in the documentation of more recent clinical evaluation. There is no recent documentation of the level of conservative care given and the efficacy of said care. Therefore, the request is not medically necessary.