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| Case Number: | CM14-0169686 | | |
| Date Assigned: | 10/17/2014 | Date of Injury: | 09/30/2013 |
| Decision Date: | 11/20/2014 | UR Denial Date: | 10/14/2014 |
| Priority: | Standard | Application Received: | 10/14/2014 |

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 Family Practice 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:

28 year old male claimant sustained a work injury on 9/30/13 involving the face and jaw. She was diagnosed with TMJ, myofascitis and chronic facial pain. She had used oral analgesics for pain and undergone TMJ surgery. The claimant had also used manual therapy and H-wave to treat the TMJ. A progress note on 9/17/14 indicated the claimant had headaches and 7/10 right sided jaw pain. He had been using a mouth guard. Exam findings were notable for tenderness over the jaw and cervical myospasms. X-rays of the jaw were unremarkable. He had been undergoing H-wave for 30 minute BID. The claimant completed a month trial of H-wave and had some relief with the H-wave unit. A request was made for purchase of the H-wave.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

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

Decision rationale: According to the MTUS guidelines, H-Wave stimulation may be considered as a non-invasive 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In this case, there was no documentation of TENS unit use or failure of response. The H-wave unit is also recommended to be used on a rental basis. The purchase of an H-wave is not medically necessary.