

Case Number:	CM14-0184693		
Date Assigned:	11/12/2014	Date of Injury:	04/30/2010
Decision Date:	12/15/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/05/2014

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:

This is a 16-year-old male claimant sustained a work injury on April 30, 2010 involving the cervical spine and lumbar. A progress note on December 19, 2013 indicated the claimant had six months use of a tens unit as well as undergoing physical therapy. He was know did not have enough strength and did not have any relief after using it. An H wave unit was requested at the time. In November 2014 the purchase of an H wave device was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the guidelines an H- wave stimulation unit is recommended for a one-month home-based trial along with the use of physical therapy and transcutaneous electrical nerve stimulation unit. The claimant had used a Tens unit in the past. The guidelines prefer rental over purchase. The documentation does not indicate the therapeutic response of the

H- wave unit for the claimant. Therefore the request for the purchase of an H wave device is not medically necessary.