

Case Number:	CM14-0025228		
Date Assigned:	06/11/2014	Date of Injury:	02/03/2005
Decision Date:	10/10/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/27/2014

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 Nevada. 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 records presented for review indicate that this 50 year-old female was reportedly injured on February 3, 2005. The most recent progress note, dated January 6, 2014, indicates that there were ongoing complaints of right shoulder and upper extremity pain. The physical examination demonstrated a decreased range of motion, tenderness throughout, and no motor or sensory losses noted. Diagnostic imaging studies objectified were not presented in the last several progress notes. Previous treatment includes multiple medications, injections, and pain management interventions. A request had been made for an H wave unit and was not certified in the pre-authorization process on February 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit: Upheld

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

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

Decision rationale: MTUS guidelines will support HWT (H-Wave Stimulation) greater than one month justified with documentation submitted for review. While H-Wave and other similar

devices can be useful for pain management, they are most successfully used as a tool in combination with functional improvement. It is noted that previous assessments with electrical stimulation were not successful. Accordingly, there is no clinical indication presented to support the medical necessity of this device.