

Case Number:	CM14-0038050		
Date Assigned:	06/25/2014	Date of Injury:	10/19/2009
Decision Date:	08/19/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/01/2014

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 is licensed to practice in Texas and Ohio. 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 53-year-old female who reported an injury on 10/19/2009. The mechanism of injury was not specifically stated. The current diagnoses include herniated cervical disc, cervical spondylosis, and cervical radiculopathy. The latest physician progress report submitted for this review is documented on 02/24/2014. The injured worker's previous conservative treatment includes physical therapy and home exercise. The injured worker reported an improvement in symptoms with the use of ultrasound and electrical stimulation modalities. A physical examination on that date revealed 5/5 motor strength, intact sensation, 1+ deep tendon reflexes, and painful cervical range of motion with a negative Spurling's maneuver. A treatment recommendation at that time included orthopedic physical therapy. A physician's progress report addendum was then submitted on 03/13/2014 for a 30 day evaluation trial of an H-Wave home care system.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Machine for one month rental (30 days): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 117-121 Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state H-Wave stimulation is not recommended as an isolated intervention but a 1 month home based trial may be considered as a non-invasive conservative option. The H-Wave stimulation should be used as an adjunct to a program of evidence-based functional restoration and only following a failure of initially recommended conservative care, including physical therapy, medications, and TENS therapy. As per the documentation submitted, the injured worker has been previously treated with physical therapy and home exercise. However, the injured worker reported an improvement in symptoms. There was no documentation of a failure to respond to initially recommended conservative care. There is also no documentation of a significant musculoskeletal or neurological deficit upon physical examination. Based on the clinical information received, the request is not medically necessary.