

Case Number:	CM14-0040324		
Date Assigned:	09/12/2014	Date of Injury:	07/07/2009
Decision Date:	10/14/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/04/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and wrist pain reportedly associated with an industrial injury of July 7, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and an H-Wave device. In a Utilization Review Report dated February 24, 2014, the claims administrator denied a request for an H-Wave stimulation device on the grounds that the applicant had failed to profit from previous usage of the same. In a September 30, 2013 progress note, an H-Wave device was apparently ordered for one-month trial purposes. The note was highly template and did not contain a record of what treatment or treatments have transpired to date. On November 8, 2013, the applicant stated that he wanted to try the H-Wave device on the grounds that usage of morphine and Norco had not been altogether effective. In a January 14, 2014 questionnaire, the device vendor stated that the applicant had been using the device for 67 days. The device vendor posited that ongoing usage of H-Wave device has generated appropriate analgesia. The applicant's work status was not furnished, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit Times Three Additional Months for the Right Shoulder: 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 H-Wave Stimulation topic Page(s): 118.

Decision rationale: As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of an H-Wave device beyond an initial one-month trial should be predicated on evidence of a favorable outcome during the said one-month trial, in terms of both pain relief and function. In this case, however, it has not been established that the applicant has, in fact, had a favorable response to the prior 67-day rental of the H-Wave device in question. The applicant's work status, functional status, and/or medication-use patterns have not been elaborated or expounded upon. Neither the device vendor nor the applicant's attorney have outlined any tangible or material evidence of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the H-Wave device. Therefore, the request is not medically necessary.

H-Wave Unit Times Three Additional Months for the Right Wrist: 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 H-Wave Stimulation topic Page(s): 118.

Decision rationale: As noted on page 118 of the MTUS Chronic Pain Medical Treatment guidelines, usage of an H-Wave device beyond an initial one-month trial should be predicated on evidence of a favorable outcome during the said one-month trial, in terms of both "pain relief and function." In this case, however, neither the applicant's attorney nor the device vendor have established any material improvements in function achieved as a result of the previous 67-day rental of the H-Wave device. The applicant's work status has not been established. The applicant's medication consumption patterns following introduction of the H-Wave device have likewise not been established. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite previous usage of the device in question. Therefore, the request is not medically necessary.