

Case Number:	CM14-0063854		
Date Assigned:	07/11/2014	Date of Injury:	12/18/2012
Decision Date:	09/15/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/06/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 49 year old female who reported an injury left shoulder and neck. A clinical note dated 04/23/14 indicated the injured worker complaining of left shoulder pain with strength deficits throughout the left arm. The utilization review dated 04/18/14 resulted in a denial for request for H-wave unit as insufficient information had been submitted regarding adequate response to transcutaneous electrical nerve stimulation unit trial. No information was submitted regarding findings consistent with diabetic neuropathic pain or concept tissue inflammatory conditions. No information was submitted regarding previous trial of H-wave unit. A clinical note dated 04/02/14 indicated the injured worker complaining of mid and low back pain and stiffness. Upon exam, the injured worker demonstrated full range of motion throughout the cervical spine and lumbar spine. No strength deficits were identified in the upper extremities or lower extremities. The injured worker previously underwent chiropractic therapy. The injured worker was prescribed an H-wave unit which provided significant relief on a daily basis.

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 QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS & H-Wave Stimulation (HWT) Page(s): 116 & 117 & 171-172.

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

Decision rationale: The injured worker complained of pain at several sites most notably the neck and low back. H-wave device is indicated for injured workers who have had an adequate positive response to trial of H-wave unit. The injured worker underwent use of an H-wave unit with pain relief. However, no objective data was submitted regarding functional improvement along with. Without objective data in place confirming positive response to H-wave unit this request is not medically necessary and appropriate.