

Case Number:	CM14-0077595		
Date Assigned:	07/18/2014	Date of Injury:	09/20/2013
Decision Date:	09/25/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/28/2014

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 Internal 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 injured worker is a 40 year old female whose date of injury is 09/20/2013. The mechanism of injury is described as repetitive reaching to use a key car and open a gate. Treatment to date includes medication management, physical therapy and H-wave trial. H-wave patient compliance and outcome report dated 09/06/13 indicates that the injured worker utilized the unit for 9 days. The injured worker is not taking medication. The injured worker reported 20% pain relief. H-wave compliance and outcome report dated 06/02/14 indicates that the injured worker has utilized the unit for 278 days. The injured worker still does not utilize medication and continues to report 20% pain relief.

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 H-wave stimulation (HWT) Page(s): 117-118.

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

Decision rationale: Based on the clinical information provided, the request for H-wave unit is not recommended as medically necessary. The submitted records indicate that the injured worker

did not utilize medications prior to trial of the device. The injured worker reports only 20% pain relief with the H-wave unit. There are no objective measures of improvement documented to establish efficacy of treatment in accordance with California MTUS guidelines. Additionally, there is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Therefore, this request is not medically necessary.