

Case Number:	CM14-0094710		
Date Assigned:	09/12/2014	Date of Injury:	10/13/2008
Decision Date:	11/20/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/23/2014

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 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 53-year-old male who is reported to have a date of injury of 10/13/08. The mechanism of injury is not described. The injured worker is reported to have cervical pain. The record includes in H wave patient delivery evaluation. This document notes that the injured worker has utilized in H wave for 21 days with reported benefit. His VAS was 9/10 post use his VAS was 6/10. The record includes a request for physical therapy in conjunction with H wave use. The record includes the utilization review determination dated 06/04/14. A request for H wave unit for purchase was noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave Unit for purchase: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: The submitted clinical records indicate that the injured worker has undergone a trial of home H wave with documented benefit. The records note the injured worker's VAS was 9/10 reduced to 6/10. The records further indicate that the treating provider is

utilizing H wave in conjunction with physical therapy. As such, the medical necessity of this request meets CAMTUS guidelines. Therefore, the request is medically necessary.