

Case Number:	CM13-0049268		
Date Assigned:	12/27/2013	Date of Injury:	12/30/2003
Decision Date:	01/14/2015	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/07/2013

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 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 underlying date of injury in this case is 12/30/2003. The date of the initial utilization review under appeal is 10/23/2013. On 10/01/2013, the treating rehabilitation physician saw the patient regarding the diagnoses of hip impingement, neck sprain, myofascial pain, and shoulder impingement. The physician noted the patient had persistent pain with muscle spasm and weakness in the right shoulder. This note indicated the patient had failed previous use of a TENS unit and had significant success with the use of an H-wave machine to reduce his pain as well as improve his quality of life and functional use of his upper extremity and allowed him to not depend on oral pain medication and had helped him to relax. An initial physician review in this case noted that there was no current program of evidence-based functional restoration and no documented TENS use and that the patient therefore did not meet the criteria for an H-wave purchase. Subsequent documentation indicates that the patient had undergone an H-wave trial which gave the patient 40-60% relief versus no relief with medications. Therefore, an H-wave trial was recommended by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit: Overturned

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 Page(s): 117.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on H-wave stimulation, states that H-wave is not recommended as an isolated intervention, but a one-month home-based trial of H-wave may be considered as a noninvasive conservative option for chronic soft tissue inflammation after failure of initial conservative care including physical therapy, medications, and TENS. A prior physician review states that these criteria have not been met, including the lack of a trial of a TENS unit. However, the medical records over a period of months do indicate failure of a trial of TENS as well as reported upper extremity functional benefit from H-wave stimulation and reduced medication needs. The criteria for an H-wave device have been met. This request is medically necessary.