

Case Number:	CM14-0203522		
Date Assigned:	12/16/2014	Date of Injury:	06/13/2013
Decision Date:	02/03/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/05/2014

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 Family Practice, 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:

This 59-year old male sustained work related industrial injuries on June 13, 2013. The mechanism of injury involved motor vehicle accident with a company truck while on the freeway. The injured worker subsequently complained of neck, back and shoulder pain. Treatment consisted of diagnostic studies, prescribed medications, physical therapy, acupuncture, transcutaneous electrical nerve stimulation, home exercise therapy consultations, surgical shoulder procedures and periodic follow up visits. The injured worker underwent left shoulder surgery on November 1, 2013 and right shoulder surgery on September 19, 2014. The treating physician prescribed services for H-Wave supplies consisting of electrodes per pair, renal supplies in home now under review. He had used a TENS unit in May 2014 and an H-wave since at least July 2014. On November 4, 2014, the Utilization Review (UR) evaluated the retrospective prescription for H-Wave supplies: electrodes per pair, renal supplies in home from date of service September 27, 2014 requested on October 3, 2014. Upon review of the clinical information, UR non-certified the request for H-Wave supplies, noting the available clinical information did not meet the recommendations of the MTUS Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Supplies: Electrodes Per Pair, Renal Supplies In Home: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: According to the guidelines, H-wave is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In this case, the claimant had used a TENS unit. He had been using an H-wave unit since at least July 2014. The additional length of use or current response to an H-wave was not outlined. Therefore the need for an justification for an H-wave unit and its supplies is not medically necessary.