

Case Number:	CM15-0002280		
Date Assigned:	01/13/2015	Date of Injury:	04/02/2014
Decision Date:	03/17/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, New York, Florida
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 41-year-old male who reported an injury on 04/01/2014. The mechanism of injury was a motor vehicle accident. Prior therapies included chiropractic care, physical therapy, 1 week use of a TENS unit, a home exercise program and Advil. The injured worker underwent an MRI on 05/09/2014 which was noncontributory to the request. There was a Request for Authorization dated 11/17/2014. The documentation of 11/17/2014 indicated the injured worker had complaints of pain and exhibited impaired activities of daily living. The documentation indicated the injured worker utilized the unit for 2 months and had a reported ability to perform more activity and have overall greater function, including lifting more, sitting longer, and sleeping better.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Section: H-wave unit.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate H-wave stimulation is not recommended as an isolated intervention; however, a 1 month home based trial of an H-wave unit may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence based functional restoration and only following the failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation. The clinical documentation submitted for review indicated the injured worker had documentation of a failure of a home exercise program and medications, as well as a TENS unit. However, there was a lack of documentation of a failure of physical therapy. It was indicated the injured worker had failed a home exercise program. It was indicated the injured worker could lift more, sit longer, and sleep better. However, objectification of more, longer and better was not provided in terms of function. The request as submitted failed to indicate the body part to be treated with the home H-wave device. Given the above, the request for home H-Wave device, purchase is not medically necessary.