

Case Number:	CM15-0005235		
Date Assigned:	01/20/2015	Date of Injury:	04/20/2002
Decision Date:	03/11/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/09/2015

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: District of Columbia, Virginia
 Certification(s)/Specialty: Internal 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 51 year old male, who sustained an industrial injury on April 20, 2002. He has reported neck pain, upper back pain, right shoulder pain, left elbow and forearm pain, bilateral wrist and hand pain, bilateral hip pain, and bilateral leg and foot pain. The diagnoses have included lumbago, displacement of thoracic/lumbar intervertebral discs, and knee pain. Treatment to date has included medications, injections, bilateral knee surgery, and lumbar spine surgery. Currently, the injured worker reports improvement of the pain with the use of an H-wave unit. The treating physician is requesting the purchase of a home H-wave unit. On December 24, 2014 Utilization Review non-certified the request for the purchase of a home H-wave unit noting the lack of documentation to support the medical necessity of the treatment. The MTUS was cited in the decision.

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 Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792z
Page(s): 117-118.

Decision rationale: This patient had issues with chronic pain. He had tried multiple therapies and was noted to have improvement with the H-wave unit. However, per MTUS guidelines cited, it would not be recommended as a sole intervention. From the clinical documentation provided, this would not be indicated.