

Case Number:	CM15-0008933		
Date Assigned:	01/26/2015	Date of Injury:	02/17/2009
Decision Date:	03/24/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/15/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old female who reported an injury on 02/17/2009 with a mechanism of injury being cumulative trauma. Prior therapies included naproxen, Tylenol, shoulder surgery, corticosteroid injections, physical therapy, acupuncture, and a home exercise program. There was a Request for Authorization submitted for review requesting the H-Wave unit. The documentation of 11/07/2014 revealed the injured worker had utilized the H-Wave for 21 days. The injured worker was utilizing the H-Wave for a strain to the neck and shoulder, fibromyalgia, and migraine headaches. The injured worker indicated that the H-Wave had helped more than prior treatments, including TENS unit, physical therapy, medications, and acupuncture. The injured worker was taking medications and was noted to have had decreased medications. The injured worker indicated she could walk further, sleep better, and walk more without feeling tension and heaviness of the shoulders and was able to sleep without waking up to pain. The documentation indicated the H-Wave helped loosen the tightness of the muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home h-wave device: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines H-wave Page(s): 117-118.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that H-Wave stimulation is recommended for a 1 month trial as an adjunct to other therapy. The clinical documentation submitted for review indicated the injured worker had objective functional benefit. However, there was a lack of documentation of objective pain decrease and there was a lack of documentation the injured worker had utilized the unit for 30 days as it was indicated she utilized it for 21 days. The request as submitted failed to indicate whether the request was for a rental or purchase of the device. Given the above, the request for home H-Wave device is not medically necessary.