

Case Number:	CM15-0020491		
Date Assigned:	02/10/2015	Date of Injury:	07/13/2010
Decision Date:	04/03/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/03/2015

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 45-year-old male who reported injury on 07/12/2012. The mechanism of injury was not provided. The documentation of 01/12/2015 revealed the injured worker had utilized an H-wave device from 11/13/2014 to 12/19/2014. The injured worker had subjective complaints of pain and impaired activities of daily living. The injured worker utilized the H-wave device 2 times per day, 5 times per week at 30 to 45 minutes per session. Other treatments included a TENS unit, physical therapy and medications. A request was made for a purchase of an H-wave unit. There was a Request for Authorization submitted to support the request date 01/12/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave purchase for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT).

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 do not recommend an H-wave stimulation unit as an isolated intervention; however, it is recommended for a 1 month trial for neuropathic pain or chronic soft tissue inflammation if it is used as an adjunct to a program of evidence based functional restoration. The clinical documentation submitted for review indicated the injured worker had utilized the unit for approximately 3 weeks. There was a lack of documentation of a 1 month home trial. There was a lack of documentation indicating clarification of walk further, sit longer and lift more. The document indicated the injured worker had increased function which included walk farther, lift more and sit longer. The documentation failed to indicate a 1 month trial and failed to indicate objective pain relief. Given the above and the lack of documentation, the request for H-wave purchase for the right shoulder is not medically necessary.