MAXIMUS Federal Services

Case Number:	CM13-0060021		
Date Assigned:	12/30/2013	Date of Injury:	12/19/2007
Decision Date:	04/21/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/02/2013

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 Orthopedic Surgery 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 case involves a 69-year-old claimant, which has a date of injury of 2/19/07. She has been treated for neck and shoulder pain. The diagnoses are cervical spine degenerative disease and shoulder degenerative disease with rotator cuff tear. An H wave unit was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE (3) MONTH TRIAL OF A HOME H-WAVE DEVICE: 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): 117-118.

Decision rationale: The Chronic Pain Guidelines support the use of an H-wave stimulator for the treatment of 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 to include physical therapy, medications, and a TENS unit. This claimant is not being treated for diabetic neuropathic pain. The records provided do not document that a TENS unit has been tried. Physical therapy has been ordered. As this claimant is not being treated for diabetic neuropathic pain and a TENS unit has not been tried

first, an H-wave device three (3) month trial cannot be certified in this case based upon the MTUS Chronic Pain Guidelines.