MAXIMUS Federal Services

Case Number:	CM14-0151982		
Date Assigned:	09/22/2014	Date of Injury:	04/20/2013
Decision Date:	10/24/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/17/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 48-year-old male with a 4-20-2013 date of injury, when carrying a 28 feet ladder in the yard when the back of the ladder caught on branches and pulled the patient back. The 8/20/14 determination was non-certified given that the patient's pain was controlled with TENS unit and exercise, and guidelines limit H-wave use to patients who have pain that is unresponsive to TENS. Undated letter of appeal identified that the patient was provided with a 30 day trial of the H-wave on 4/24/14. The patient was closely monitored during the trial, and it was stated that the patient received numerous benefits from his H-wave treatments. The patient reported that he was able to participate more in everyday activities and stated that he was able to walk farther, do more house work, sit longer, drive, and was able to perform more efficiently at his place of business. The patient's sleep was also improved. On average, the patient treated with the H-wave twice daily, 7 days a week, for 45+ minutes. There had been a 60% decrease in pain levels lasting up to 3 hours after each treatment. It was also noted that the patient had failed physical therapy, TENS unit, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

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

Decision rationale: CA MTUS states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation. The H-wave therapy will be used as an adjunct to a method of functional restoration; however, only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). The patient underwent a trial of H-wave unit for 30 days after failing conservative treatment including a TENS unit. The provider documented 60% pain relief with use of the unit with improvement in function. Therefore, this request is medically necessary.