

Case Number:	CM14-0099806		
Date Assigned:	09/16/2014	Date of Injury:	01/29/2013
Decision Date:	10/15/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 6 years old female with an injury date on 01/29/2013. Based on the 11/19/2013 progress report addendum provided by [REDACTED], the diagnoses are: 1. Shoulder sp/st. According to this report, the patient complains of pain and exhibit impaired activities of daily living. The patient has tried conservative care such as medication, physical therapy and TENS unit in the past. The patient state "TENS unit was not strong enough. I would not use one at home. It didn't help." There were no other significant findings noted on this report. The utilization review denied the request on 06/03/2013. [REDACTED] is the requesting provider, and he provided treatment reports from 11/19/2013 to 06/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day trial of H-Wave Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the 11/19/2013 report by [REDACTED] this patient presents with pain and exhibit impaired activities of daily living. The treating physician is requesting 30 day trial of H-Wave Unit. The progress report containing the request is dated 11/19/2013 and the utilization review letter in question is from 06/03/2014. There is indication that the patient has tried noninvasive conservative care of physical therapy, medications, and TENS unit in the past. The H-wave use summary report was not provided in the file for review. However, a home electrotherapy recommendation and history form was filled out by the patient. This information is not verified by the treating physician's reports. Regarding H wave units, MTUS guidelines page 117, 118 supports a one-month home-based trial of H-Wave treatment as a noninvasive conservative option for 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, including recommended physical therapy (i.e., exercise) and medications, plus (TENS). Given that this patient has tried noninvasive conservative care in the past including TENS unit without success, MTUS supports a H-wave unit trial. However, in this case, the patient has filled out a form but the treating physician does not provide documentation confirming what the patient H-wave representative filled out. MTUS page 8 requires that the treating physician provide monitoring and make appropriate recommendations. The treating physician must keep track of what is going on and provide proper documentation for treatments. There is no documentation of how H-wave was used during trial and with what pain and functional benefits. This request is not medically necessary.