

Case Number:	CM15-0016258		
Date Assigned:	02/04/2015	Date of Injury:	10/26/2009
Decision Date:	03/20/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/28/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 64-year-old female sustained a work-related injury to the left shoulder and left elbow on 10/26/2009. According to the progress notes dated 1/21/2015, the injured worker's (IW) diagnoses include brachial neuritis or radiculitis, other mononeuritis of the upper limb and other specified disorders of bursae and tendons in the shoulder. She reports left shoulder and elbow pain that is intermittent and right hand numbness. Previous treatments include TENS, medications, injections and physical therapy. The treating provider requests purchase of a home h-wave device. The Utilization Review on 1/21/2015 non-certified the purchase of a home h-wave device, citing CA MTUS Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of home h-wave device: Upheld

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

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

Decision rationale: MTUS guidelines note that treatment with a H-wave device is not a recommended treatment. It is not medically necessary for this patient. Thus, the purchase of a home H-wave unit is not medically necessary for this patient.