

Case Number:	CM15-0019336		
Date Assigned:	02/09/2015	Date of Injury:	01/20/2014
Decision Date:	03/31/2015	UR Denial Date:	01/27/2015
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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 58 year old male, who sustained an industrial injury on January 20, 2014. He has reported neck, left shoulder, and left thumb pain. The diagnoses have included cervical spine strain/sprain, lumbar spine strain/sprain, left shoulder tendinosis, and left thumb strain/sprain. Treatment to date has included medications, physical therapy, chiropractic care, thumb splint, and H wave therapy. A progress note dated January 15, 2015 indicates a chief complaint of pain. There was no physical examination documented. A medical evaluation dated January 8, 2015 noted that the injured worker continued with neck, back and thumb pain. Physical examination at that time showed decreased range of motion of the neck, lower back, left shoulder and left thumb. The left shoulder was noted to have muscle atrophy, signs of impingement, and crepitus. The treating physician is requesting a home H wave therapy device. On January 22, 2015 Utilization Review denied the request citing the California 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:

1 HOME H-WAVE DEVICE: 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, Page(s): 117.

Decision rationale: According to MTUS guidelines, H wave stimulation is not recommended in isolation. It could be used in diabetic neuropathy and neuropathic pain and soft tissue pain after failure of conservative therapies. There is no controlled supporting its use in back, neck and thumb pain. There is no documentation that the request of H wave device is prescribed with other pain management strategies. Furthermore, there is no clear evidence for the need of indefinite H wave therapy without periodic control of its efficacy. Therefore, Home H Wave Device Purchase is not medically necessary.