MAXIMUS Federal Services

Case Number:	CM15-0117620		
Date Assigned:	06/25/2015	Date of Injury:	09/15/2012
Decision Date:	07/24/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/18/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36 year old female who reported an industrial injury on 9/15/2012. Her diagnoses, and/or impressions, are noted to include: cervical spine musculoligamentous sprain/strain with muscle contraction headaches; lumbar spine musculoligamentous sprain/strain; bilateral forearm and wrist tenosynovitis with bilateral elbow epicondylitis; bilateral knee patella-femoral arthralgia; bilateral shoulder peri-scapular myofascial strain; post-traumatic stress disorder; and gastrointestinal and sleep disorders secondary to all of the above. Recent magnetic imaging studies of the lumbar spine were noted on 12/5/2014. Her treatments were noted to include a complex comprehensive medical-legal evaluation on 2/4/14, with re-evaluation on 4/8/15; consultations; medication management with toxicology studies; physical therapy; home exercise program; transcutaneous electrical nerve stimulation unit therapy; and restricted work duties with rest from work. The progress notes of 5/22/2015 reported pain and impaired activities of daily living. Objective findings were noted to include a decreased need for oral medications and an increase in the ability to perform more activity with greater over-all function, with a 65% decrease in pain and better sleep, due to the H-wave device she was trialing. The physician's requests for treatments were noted to include the purchase of the home H-wave device that she was trialing from 3/13/2015 - 4/14/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of H-wave device to be used 30-60 minute sessions as needed: 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 Transcutaneous Electrotherapy, H-Wave Stimulation, pages 115-118.

Decision rationale: The MTUS guidelines recommend a one-month HWT rental trial to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function not documented here. The provider noted the patient has undergone an H-wave trial use; however, reports are without specifics of failed TENS attempt. There is no consistent pain relief in terms of decreasing medication dosing nor is there clear specific objective functional improvement in ADLs demonstrated from the previous H-wave unit trial. The patient still exhibited persistent subjective pain complaints and unchanged clinical findings for this chronic injury of 2012. It does not appear the patient is participating in an active home program or formal therapy for adjunctive exercise towards a functional restoration approach. There are no limitations in ADL, or failed attempts with previous conservative therapy treatments to support for the H-wave unit, not recommended as a first-line approach. There is no change in restricted work status or functional improvement demonstrated to support for the purchase of this unit. Trial periods of more than one month should be justified by documentation submitted for review; however, submitted reports have not demonstrated having met these criteria to support for unit purchase. The Purchase of H-wave device to be used 30-60 minute sessions as needed is not medically necessary and appropriate.