MAXIMUS Federal Services

Case Number:	CM15-0174846		
Date Assigned:	09/16/2015	Date of Injury:	12/11/2012
Decision Date:	10/19/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/04/2015

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: Preventive Medicine, Occupational 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 35 year old female, who sustained an industrial injury on 12-11-12. Medical record indicated the injured worker is undergoing treatment for cervical discopathy-cervicalgia, lumbar discopathy, cubital tunnel syndrome, carpal tunnel-double crush syndrome, left knee sprain with baker's cyst and status post right shoulder arthroscopy with adhesive capsulitis. Treatment to date has included physical therapy, home exercise program and activity modifications. Currently on 7-17-15, the injured worker complains of constant pain in bilateral elbows and wrists that is aggravated by repetitive motions along with associated tingling and numbness and weakness with cramping in both hands rated 7 out of 10; residual pain in right shoulder with limited range of motion rated 4 out of 10; constant pain in the cervical spine characterized as sharp with radiation to the right upper extremity and associated headaches rated 8 out of 10; constant pain in low back characterized as sharp with radiation to the lower extremities and rated 8 out of 10 and intermittent pain in the left knee with occasional weakness rated 5 out of 10. Physical exam performed on 7-17-15 revealed well healed scar of right shoulder with limited range of motion; palpable paravertebral muscle tenderness with spasm and limited range of motion of cervical spine; tenderness to mid to distal lumbar segments with restricted painful lumbar range of motion and tenderness in anterior joint line of left knee with crepitus and painful range of motion. A request for authorization was submitted on 8-11-15 for H-wave unit. On 8-24-15, utilization review non-certified a request for H-wave purchase noting guidelines recommend a one month trial, in this case there is no documentation as to whether

the injured has received a one month trial and there is no clear indication as to how this modality will impact functional status in a positive manner.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: The MTUS Guidelines do not recommend the use of H-wave stimulation as an isolated intervention. A one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for 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 physical therapy and medications, plus transcutaneous electrical nerve stimulation. In this case, there is no evidence that the injured worker has attempted a one-month trial with H-wave therapy. There is also no evidence that the injured worker has failed with other conservative measures such as physical therapy and medications. The request for H-wave unit purchase is determined to not be medically necessary.