

Case Number:	CM15-0046098		
Date Assigned:	03/18/2015	Date of Injury:	01/06/2013
Decision Date:	06/03/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/11/2015

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: Texas, New York, 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 applicant is a represented 55-year-old [REDACTED] beneficiary who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of January 6, 2013. In a Utilization Review report dated February 23, 2015, the claims administrator failed to approve a request for an H-Wave home care system. The claims administrator referenced an RFA form received on February 20, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated December 9, 2014, the applicant was placed off of work, on total temporary disability. Ongoing complaints of neck and shoulder pain were reported. Physical therapy and manipulative therapy were sought. The remainder of the file was surveyed. It appeared that the applicant had remained off of work, on total temporary disability, throughout 2014. On August 20, 2014, the applicant was again placed off of work, on total temporary disability. Relafen and Norco were endorsed. In a vendor questionnaire dated January 5, 2015, the device vendor and/or applicant seemingly contended, in a highly templated manner, that the applicant had profited through usage of the H-Wave device. The applicant's work and functional status were not, however, detailed. In a January 7, 2015 RFA form/order form, the H-Wave device was endorsed on a purchase basis. Once again, the applicant's work and functional status were not outlined. In an associated progress note, the applicant was asked to continue using an H-Wave device and continue using oral ketoprofen. On February 17, 2015, the applicant was placed off of work, on total temporary disability, by his primary treating provider.

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: 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 H-wave stimulation (HWT) Page(s): 118.

Decision rationale: No, the request for an H-Wave device [purchase] was not medically necessary, medically appropriate, or indicated here. As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of an H-Wave device beyond an initial one-month trial period should be justified by documentation submitted for review, with evidence of a favorable outcome in terms of both "pain relief and function." Here, however, the applicant remained off of work, on total temporary disability, despite at least 95 days prior usage of the H-Wave device. Ongoing usage of the H-Wave device seemingly failed to curtail the applicant's dependence on various analgesic medications, including Relafen, ketoprofen, Norco, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite prior usage of the H-Wave device. Therefore, the request was not medically necessary.