

Case Number:	CM15-0070698		
Date Assigned:	04/20/2015	Date of Injury:	07/12/2010
Decision Date:	05/19/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/14/2015

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: North Carolina, Georgia

Certification(s)/Specialty: Family Practice

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(n) 35 year old female, who sustained an industrial injury on 7/12/10. She reported pain in her neck and right shoulder related to lifting a heavy object. The injured worker was diagnosed as having cervical disc disease with right upper extremity radiculopathy and right shoulder chronic tendinitis and impingement syndrome. Treatment to date has included a cervical epidural injection, a right shoulder MRI, acupuncture, chiropractic treatments and pain medications. As of the PR2 dated 2/18/15, the injured worker reports a 20% reduction in her chronic low back, neck and left shoulder pain. She indicated that the H-wave is beneficial and uses it throughout the day. The treating physician requested a home H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy H-Wave.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 117-118.

Decision rationale: CA MTUS does not consider H wave therapy a first line treatment modality. A one month trial of therapy with a rental unit may be used as a non invasive conservative option for chronic pain of at least 3 months duration in which other modalities including physical therapy, medication and a TENS unit, have failed. A clear plan of long and short-term treatment goals is required for such a trial. In this case, the documentation does not contain indication of a trial of or failure of TENS unit. A trial of H wave unit is not medically necessary and the non-certification is upheld.