MAXIMUS Federal Services

Case Number:	CM15-0098205		
Date Assigned:	05/29/2015	Date of Injury:	07/24/2013
Decision Date:	07/02/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/21/2015

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 59 year old who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of July 24, 2013. In a Utilization Review report dated April 20, 2015, the claims administrator denied a request for a home H-Wave device purchase. The claims administrator referenced a RFA form dated April 10, 2015 in its determination. The full text of the UR report, it was incidentally noted, did not accompany the IMR application. The applicant's attorney subsequently appealed. In a progress note dated January 7, 2015, handwritten, the applicant was asked to remain off of work while continuing physical therapy for hand pain. The applicant's medication list was not detailed on this occasion. On March 2, 2015, the applicant reported ongoing complaints of left upper extremity pain. A rather proscriptive 5 pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place. The applicant's medication list was not detailed. There was no mention of the H-Wave device in question. In a handwritten note dated April 1, 2015, the applicant's work restrictions were renewed, without supporting rationale or progress note. On April 10, 2015, the H-Wave device vendor sought authorization for an H-Wave device for purchase or indefinite use purposes, attaching a variety of supporting documentation filled up primarily by the applicant. One of the documentation was a questionnaire dated January 9, 2015, in which the applicant's work status was not detailed. It was suggested (but not clearly stated) that the applicant had used the H-Wave device for several months before the request to pursue the same was initiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H Wave Device for Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 118.

Decision rationale: No, the proposed 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 should be justified by documentation submitted for review, with evidence of favorable outcomes in terms of both pain relief and function. Here, however, the bulk of the documentation on file was submitted by the device vendor. The applicant's work status, functional status, and response to several months of previous usage of the H-Wave device were not clearly detailed, characterized, or expounded upon. It was not clearly established whether the applicant had or had not returned to work. In a similar vein, the attending provider's progress notes made no mention of the H-Wave device. The applicant did not appear to have been working with a rather proscriptive 5 pound lifting limitation in place, however. Ongoing usage of the H-Wave device did not, in short, seemingly generate functional improvement in terms of the parameters established in MTUS 9792.20e, based on the documentation on file. Therefore, the request was not medically necessary.