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**Notice of Independent Medical Review Determination**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the request for H-Wave unit, 30-day rental **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/13/2013 disputing the Utilization Review Denial dated 4/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/2/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for H-Wave unit, 30-day rental **is not medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Management and is licensed to practice in California. 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 treatments and/or services at issue.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 26, 2013

“The patient is a 45 year old female that was injured at work on 1/7/2013. On this day she was transferring a resident from a wheelchair into the restroom when she felt a snap in her shoulder and pain in the neck and right shoulder. She is currently diagnosed with a cervical and right shoulder sprain/strain, and on her last visit with the doctor she complained of an increase in pain. On her last exam she exhibited tenderness in the cervical spine and painful decreased ranges of motion in the cervical spine as well. She is currently not performing any type of therapy, according to the notes provided, and is only receiving medication from a doctor where she was referred. The doctor is requesting a 30 day H-Wave rental for the patient's home use to help with her pain.”

### Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 5/13/13)
- Utilization Review Determination (dated 4/26/13)
- Letter from employee (received 6/12/13)
- Employee medical records from [REDACTED] (dated 2/15/13-3/15/13)
- Employee medical records from [REDACTED] (dated 1/10/13-6/13/13)
- Employee medical records from [REDACTED] (dated 1/17/13-2/6/13)
- Employee medical records from [REDACTED], MD (dated 5/4/13)

- Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 8) into the MTUS from the ACOEM Practice Guidelines, pg. 173, 181

**1) Regarding the request for H-Wave unit, 30-day rental:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the ACOEM Guidelines (2008), Cervical and Thoracic Spine Disorders/Lumbar Spine Disorders, pages 214, which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg 117-118, which is part of the Medical Treatment Utilization Schedule (MTUS) as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury to the neck and right shoulder on 1/7/2013. Medical records provided for review indicate there has been conservative management with medications and physical therapy. In a note dated 2/20/13, it is documented that the pain was temporarily improved with the use of H-wave stimulation. There is also documentation from a letter written by the employee that the H-wave stimulation device has helped with the shoulder pain.

Chronic Pain Guidelines specify criteria for the implementation of H-wave therapy is a failed trial of TENS therapy. The medical records reviewed do not indicate a trial and/or failure of TENS therapy. The H-Wave unit, 30-day rental **is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
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Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.



