

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/18/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/13/2013
Date of Injury: 3/11/2011
IMR Application Received: 8/21/2013
MAXIMUS Case Number: CM13-0014832

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedics, 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 physician 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/services.

DOCUMENTS REVIEWED

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

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case is in regards to a 44-year-old female, status post an industrial injury on 3/11/11. The patient is with an accepted injury to the left hip, head, neck, upper back, lower back, and right shoulder. The patient is status post a 30 day trial of (Hertz wave) H-wave system. There is no objective evidence after trial of H-wave system of improvement in functional status.

IMR DECISION(S) AND RATIONALE(S)

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

1. Continued home Hertz wave (H-wave) device for three (3) months is not medically necessary and appropriate.

The Claims Administrator based its decision on the Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, pages 171-172.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, page 114, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines indicate that Hertz wave (H-wave) stimulation is a type of electrotherapy. Proponents believe it penetrates more deeply with lower amplitude currents than other forms of electrotherapy. As with other forms of electrotherapy, theory holds that these electrical currents stimulate healing. A common belief is that these therapies, when of sufficient magnitude to be perceived, result in distraction from the painful site through the provision of other stimuli. The medical records provided for review do not show evidence of objective exam findings after the H-wave trial to warrant the purchase of a unit for 3 months. **The request for**

continued home Hertz wave (H-wave) device for three (3) months is not medically necessary and appropriate.

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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.

[REDACTED]

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