

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/6/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/23/2013
Date of Injury:	8/7/2012
IMR Application Received:	8/28/2013
MAXIMUS Case Number:	CM13-0017488

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one purchase of H-Wave System is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 8/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/10/2013. 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 **one purchase of H-Wave System 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 Interventional Spine 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.

### **Expert Reviewer Case Summary:**

The patient has a date 8/07/2012 date of injury to her neck and left shoulder. The progress report dated 7/2/2013 by [REDACTED], M.D. noted that the patient was diagnosed with a possible ulnar neuropathy or traction injury of the brachial plexus; mild anterior impingement. Physical exam findings included tenderness about the biceps tendon and the upper trapezium; she has newer full range of motion; tenderness to paracervical muscles; mildly positive Tinel's overlying the ulnar nerve at the elbow. Dr [REDACTED] opined that the patient needed to be evaluated with further electrodiagnostic testing. She was referred for acupuncture as well as therapy. It was noted that the patient may benefit from an H-Wave device. The patient had a 16 day trial of H-Wave therapy for her neck and shoulder that was started on 7/8/2013. She reported that it helped with sleep and allowed her to take less pain medication. The patient reported a 20% decrease in pain with the H-Wave treatment.

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

**1) Regarding the request for one purchase of H-Wave System:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT), pgs. 117-118, which is part of the MTUS.

Rationale for the Decision:

It appears that the employee did receive some benefit during the 16 day trial of H-Wave therapy, however, the medical records did not show that the employee had failed a trial of Transcutaneous Electrical Nerve Stimulation (TENS) unit therapy prior to the H-Wave therapy trial, which is recommended by MTUS pages 117-118. **The request for one purchase of H-Wave System 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,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/cmol

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