

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

December 19, 2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/22/2013
Date of Injury: 3/4/2013
IMR Application Received: 8/7/2013
MAXIMUS Case Number: CM13-0008031

Dear Mr./Ms. [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 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 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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

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

The patient is a male in his mid-40's who injured his right shoulder on 3/4/13. He has shoulder impingement and bursitis. By July 2013, he had failed conservative care, injections and PT and there was talk of possible surgical intervention for subacromial decompression, but there were no operative reports available for review.

IMR DECISION(S) AND RATIONALE(S)

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

1. Home H-Wave device one month use is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT), which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, pgs 114-121, which is part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS for H-wave states a 1-month home based trial of H-wave is an option if used as an adjunct to a program of functional restoration and only following failure of conservative care including PT, medications and TENS. The notes provided appear to be from the H-wave vendor and were signed off by the physician. The H-wave unit was provided to the employee on 7/25/13. The physical therapist signed a note stating there was a clinical trial of TENS prior to the H-wave use. However, I have been provided PT notes from 6/6/13 from Elite Physical Therapy and Wellness and it documents the employee only had H-wave at the physical therapy facility, or if there was a clinical trial of TENS, it was not documented or provided for this IMR. There was no indication that PT or medications failed, and Dr [REDACTED], apparently feels PT

helps as he recommended another month of PT on his 7/2/13 report. The medical reports do not show the H-wave was to be used in a program of functional restoration, they do not show a failure of PT or medications, other than the subacromial injection, and do not document TENS usage, duration and timeframe for TENS, and outcomes of the TENS. This is not in accordance with MTUS. **The request for home H-Wave device one month use is not medically necessary and appropriate.**

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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