

Case Number:	CM14-0128751		
Date Assigned:	08/20/2014	Date of Injury:	12/03/2010
Decision Date:	09/24/2015	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/13/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 57 year old male who sustained an industrial injury on December 03, 2010. A primary treating office visit dated July 01, 2014 reported subjective findings showing the use of an H-Wave unit offers a decrease in the need for oral pain medication and improved ability to perform activities and even states overall greater function due to the use of the unit. He states using the H-wave unit twice daily seven days a week with good benefit. Previous treatment modality trialed to include: oral and topical medications, use of transcutaneous nerve stimulator unit, physical therapy and pain management. The plan of care at primary follow up dated December 19, 2013 showed recommendation for the use of an H-Wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued usage of an H-WAVE unit & supplies (rental or 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 Transcutaneous Electrotherapy, H-Wave Stimulation, pages 115-118.

Decision rationale: Submitted reports have not provided specific medication name or what decreasing dose has been made as a result of the H-wave unit trial. There is no change in functional status or improvement demonstrated to support for the continued use/purchase of this unit. The MTUS guidelines recommend a one-month HWT rental trial to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. The patient has underwent H-wave use without any documented consistent pain relief in terms of specific decreasing medication dosing and clear specific objective functional improvement in ADLs have not been demonstrated. Per reports from the provider, the patient still exhibited persistent subjective pain complaints and impaired ADLs for this chronic 2010 injury. There is no documented failed trial of TENS unit nor any indication the patient is participating in a home exercise program for adjunctive exercise towards a functional restoration approach. The patient's symptom complaints, clinical findings, and functional status have remained unchanged. The Continued usage of an H-WAVE unit & supplies (rental or purchase) is not medically necessary and appropriate.