

Case Number:	CM13-0002588		
Date Assigned:	12/11/2013	Date of Injury:	02/15/2007
Decision Date:	02/11/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	07/22/2013

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 and is licensed to practice in Illinois. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 63-year-old male who reported a work-related injury on 02/15/2007, specific mechanism of injury not stated. Subsequently, the patient presents with left shoulder and left elbow pain complaints. The clinical note dated 08/05/2013 signed by [REDACTED] revealed a request for purchase/indefinite use of an H-wave for the patient's pain complaints. The provider documented the patient's pain level dropped from a 4/10 to 2/10 with utilization of an H-wave. The clinical note goes on to document the patient utilized a TENS unit, physical therapy, medication, and acupuncture without resolve of his symptomatology. The provider documents the patient is utilizing an H-wave postoperative to lateral epicondylitis surgical interventions. The provider documents the patient was able to decrease his medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

Decision rationale: The Physician Reviewer's decision rationale: The current request is not supported. The clinical notes failed to evidence a current physical exam of the patient to support objective functional improvements status post a trial of an H-wave, it is unclear when the patient utilized a trial of a TENS unit and the duration of the trial. Additionally, the provider documents the patient was able to decrease utilization of his medication regimen; however, documentation of the patient's current medication regimen was not submitted in the clinical notes reviewed. California MTUS indicates H-wave is not recommended as an isolated intervention but a 1 month home-based trial of H-wave stimulation can be considered as a non-invasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidenced based functional restoration and only following failure of initially recommended conservative care including recommended physical therapy, i.e., exercise, medication and a TENS unit. Given all of the above, the request for H-wave unit is not medically necessary or appropriate.