

Case Number:	CM13-0003051		
Date Assigned:	11/08/2013	Date of Injury:	11/23/2012
Decision Date:	01/22/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/24/2013

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 California, Ohio, and Pennsylvania. 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.

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 underlying date of injury in this case is 11/23/2012. Treating diagnoses include a cervical strain and thoracic sprain. On 06/24/2013, the treating physician signed a pre-printed primary treating physician's addendum with check boxes indicating that the patient complains of pain and limited activities of daily living and with a check box indicating that TENS (transcutaneous electrical nerve stimulation) was not indicated for the patient's complaints. That form does not indicate that the patient received previous physical therapy or exercise recommendations. No physician office notes were available for review. A prior physician review was not provided at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

A 30-day trial of an H-Wave system: 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 H-Wave Stimulation Section Page(s): 117.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines states that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft

tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative treatment including physical therapy and medications plus transcutaneous electrical nerve stimulation. The medical records at this time are very limited. No treating office visits or notes are noted.