

Case Number:	CM13-0011808		
Date Assigned:	09/25/2013	Date of Injury:	03/01/2005
Decision Date:	01/30/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/15/2013

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 Oklahoma and Texas. 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 He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations. 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 patient is a 62 year old female who reported an injury on 03/01/2005. The mechanism of injury was not provided. There is mention that the patient had received chiropractic care with H-wave therapy in the past and it was helpful, but there are no records to support. In the most recent clinical note dated 09/04/2013, it is noted that the patient is already using an H-wave unit, at home or clinically was not specified. It is also noted that the patient does not appear to have any difficulty with movement, but that motion is restricted and causes pain. There is no documentation supporting a limited range of motion. This note also states that the H-wave has allowed the patient to increase her activity level and notes that she is not currently taking any pain medication. There was also a mention of physical therapy but no accompanying notes were included to indicate its duration or efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave device: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Stimulation Page(s): 117.

Decision rationale: The California MTUS Guidelines recommend H-wave stimulation as a noninvasive option for chronic soft tissue injury if used as an adjunct to a restorative program if previous conservative care, to include physical therapy and medications, were unsuccessful and if a prior TENS unit was tried. There is no documentation in the available medical records that indicate a TENS unit had been tried and failed on a 30 day home basis. There was also no evidence that physical therapy had been attempted without the use of transcutaneous electrical stimulation. It is also noted that the patient is currently using an H-wave device, but no objective findings of a decrease in pain using a VAS scale or an increase in range of motion were provided. Therefore, the request for 1 home H-wave device is non-certified.

8 physical therapy sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical Therapy

Decision rationale: The California MTUS and ACOEM guidelines did not address physical therapy as it relates to chronic low back pain, therefore, the Official Disability Guidelines were supplemented. Guidelines recommend that an initial 6 sessions of physical therapy, then an assessment to determine whether further treatment is needed. The current request for 8 sessions of physical therapy exceeds guidelines and is therefore, non-certified.