

Case Number:	CM13-0013533		
Date Assigned:	12/11/2013	Date of Injury:	01/04/2013
Decision Date:	04/28/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/16/2013

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 & Rehabilitation, has a subspecialty in Pain Management, 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. 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:

This is a patient with a date of injury of 1/4/13. A utilization review determination dated 8/12/13 recommends non-certification of H-wave rental for 2 months and PT x 4. 18 prior PT sessions were certified. A 7/26/13 medical report identifies that the patient feels he is getting better and H-Wave and therapy are helpful. Sensation of weakness in the leg is improving. On exam, there is tenderness over the facet joints on the right, SLR 60 degrees bilaterally, and right greater trochanteric bursa is minimally tender. Final Determination Letter for IMR Case Number [REDACTED] 3 The provider notes that, while the patient feels that PT and H-Wave therapy is helping, there is little objective change to determine whether this is true or not, and the patient is requesting additional therapy and H-Wave use at home temporarily for pain control. The provider notes that he would request these, although the patient is at MMI (maximum medical improvement) in his opinion.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE RENTAL (MONTHS) QTY: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section H-Wave stimulation (HWT) Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114, 117-118.

Decision rationale: Regarding the request for H-Wave rental, the MTUS Chronic Pain Medical Treatment Guidelines indicate that H-wave stimulation is not recommended as an isolated intervention, but 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 care, including recommended physical therapy and medications plus transcutaneous electrical nerve stimulation. Within the documentation available for review, there is no documentation of a supported condition and failure of conservative care including TENS. In the absence of such documentation, the currently requested H-Wave rental is not medically necessary.

PHYSICAL THERAPY QTY: 4.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute, Low Back, Lumbar and Thoracic (Acute & Chronic), updated 5/10/13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine Page(s): 98-99.

Decision rationale: Regarding the request for physical therapy, the MTUS guidelines indicate that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation Final Determination Letter for IMR Case Number [REDACTED] 4 available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the MTUS supports only up to 10 PT sessions for this injury and 18 sessions have been completed to date. In light of the above issues, the currently requested physical therapy is not medically necessary.