

Case Number:	CM13-0014927		
Date Assigned:	10/07/2013	Date of Injury:	12/05/2009
Decision Date:	01/15/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/22/2013

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 Pain Management and Rehabilitation, has a subspecialty in Pain Medicine 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 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 44-year-old female who reported a work related injury as a result of strain to her bilateral upper extremities on 12/05/2009. Subsequently, the patient is status post right shoulder surgery as of 05/01/2011 and right carpal tunnel release as of 11/2011. The clinical note dated 09/27/2013 reports the patient was seen for followup under the care of the treating physician for her chronic pain complaints. The provider documents the patient was status post a cervical epidural steroid injection as of 09/13/2013 and lumbar ESI as of 09/2013. The provider documented the patient reported 80% pain reduction from the cervical epidural steroid injection. The provider documents upon physical exam of the patient, flexion was within normal limits about the cervical spine, extension 0 degrees to 30 degrees, rotation to the left at 0 degrees to 60 degrees, and to the right at 0 degrees to 70 degrees. Reflexes were 3+ to the bilateral biceps, triceps, quadriceps, and gastroc soleus. Motor strength was at 5/5 for the bilateral upper extremities and bilateral lower extremities. The provider documented the patient was recommended to undergo a consultation for bilateral carpal tunnel syndrome, utilization of physical therapy interventions, and continued use of her medication regimen, which includes Percocet, Robaxin, diazepam, and naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME H-Wave Unit 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 Page(s): 118.

Decision rationale: The clinical documentation submitted for review lacks evidence to support the current request. The clinical notes document the patient continues to present with multiple bodily injury pain complaints status post a work related injury in 12/2009. The current request previously received an adverse determination due to lack of documentation of efficacy of a trial with the utilization of an H-wave unit. California MTUS indicates, "H-wave stimulation is not recommended as an isolated intervention, but a 1 month home-based trial of H-wave stimulation may 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 evidence based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy, medications, and a TENS unit." The clinical documentation submitted for review failed to evidence the patient's reports of efficacy with a trial of this intervention. In addition, the most recent physical exam of the patient failed to document significant objective findings of symptomatology to support utilization of this durable medical equipment. Given all of the above, the request for DME H-Wave Unit Purchase is not medically necessary or appropriate.