

Case Number:	CM13-0017107		
Date Assigned:	06/06/2014	Date of Injury:	01/15/2003
Decision Date:	07/11/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York 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 expert 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 injured worker is a 49 year old female whose date of injury is 01/15/2003. The mechanism of injury is described as hitting her right knee on a cabinet. Treatment to date is noted to include medication management, therapy, right knee injections and MRI. Note dated 03/13/13 indicates that she completed acupuncture with some improvement. Impression is fibromyalgia and lumbar radiculopathy. Note dated 05/08/13 indicates that she still complains of back pain and right knee pain. Follow up note dated 06/19/13 indicates that she was recommended for H-wave unit and aqua therapy.

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 H-wave stimulation (HWT) Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-118.

Decision rationale: Based on the clinical information provided, the request for H-wave unit is not recommended as medically necessary. The submitted records fail to establish that the injured

worker has undergone a successful trial of H-wave as required by Chronic Pain Medical Treatment Guidelines to establish efficacy of treatment. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided.

AQUATHERAPY, 3 X 4 LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: Based on the clinical information provided, the request for aqua therapy 3 x 4 low back is not recommended as medically necessary. There is no current, detailed physical examination submitted for review to establish why reduced weight bearing is desirable for this injured worker as required by Chronic Pain Medical Treatment Guidelines. There are no specific, time-limited treatment goals provided.