

Case Number:	CM13-0017326		
Date Assigned:	03/26/2014	Date of Injury:	09/17/2011
Decision Date:	05/21/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/09/2013

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 Occupational Medicine 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of September 17, 2011. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, earlier shoulder arthroscopy, trigger point injection therapy and an earlier one-month trial of a TENS unit. In an August 7, 2013 progress note, the claims administrator denied a request for a subsequent three-month rental of the TENS device. The applicant wrote in a letter dated April 14, 2014 that usage of the H-Wave device was providing significant pain relief and was in fact diminishing day-to-day pain complaints. Several other documents provided by the device vendor were reviewed, including several articles provided by the vendor. The applicant's work status and functional status were not clearly detailed. No medical progress notes were attached to the application for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE RENTAL EXTENSION, 3 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

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

Decision rationale: As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, trial periods of the H-Wave of more than one month should be justified by documentations submitted for review. In this case, however, the documentation on file did not justify continued usage of the H-Wave device. The applicant's work status, functional status, and response to previous usage of the H-Wave device have not been clearly detailed. There is no clear evidence of favorable outcome in terms of pain relief or function achieved as a result of the H-Wave device. Therefore, the request for a three-month rental extension of the device is not medically necessary.