

Case Number:	CM13-0017703		
Date Assigned:	01/22/2014	Date of Injury:	03/01/2000
Decision Date:	03/25/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/28/2013

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 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:

The patient reported an injury on 03/01/2000. The PR-2 that accompanied the request indicated that the request was due to the patient's complaints of pain, and the patient exhibited impaired range of motion, and the patient exhibited impaired activities of daily living. The patient's diagnoses were noted to include carpal tunnel syndrome and pain in the thoracic spine. It was indicated that physical therapy and/or exercise had already been tried. The diagnoses were noted to be carpal tunnel syndrome and pain in the thoracic spine, and the request was made for a home H-wave device rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device, rental: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines do not recommend H-wave stimulation as an isolated intervention; however a 1 month trial for neuropathic pain or chronic soft tissue inflammation is appropriate if it is used as an adjunct to a program of evidence-based restoration

and following the failure of conservative care, including physical therapy and medications, plus a trial of a TENS unit. The clinical documentation submitted for review failed to indicate that the patient met the above criterion. There was a lack of documentation indicating that the patient would be using the unit as an adjunct, had failed conservative care and medications and had trialed a TENS unit. Additionally, the request as submitted failed to indicate the duration for the rental. Given the above, the request for a home H-wave device rental is not medically necessary.