

Case Number:	CM13-0023689		
Date Assigned:	11/15/2013	Date of Injury:	01/25/2013
Decision Date:	02/06/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/12/2013

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 Family Practice 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 is a 32-year-old female who reported an injury on 01/25/2013. The mechanism of injury was stated to be a cumulative trauma. The patient was noted to have complaints of pain and exhibited impaired activities of daily living. The patient's diagnoses were noted to include bilateral arm pain and cervicalgia without radiculopathy. The request was made for a 3 months extension of H-wave rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

3-month extension of H-wave rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 117.

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

Decision rationale: California MTUS guidelines do not recommend H-wave stimulation as an isolated intervention, however, recommend a one-month trial for neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based restoration and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). Trial periods of more than one month should be justified by documentation submitted for review.

The patient's pain was noted to be 7/10 and ended at 2/10 of the trial unit. The clinical documentation submitted for review failed to provide the objective functional benefit the patient received from the unit. However, there was lack of documentation indicating the necessity for continued 3 months and given the lack of documentation of the patient's objective functional improvement, the request for 3 months extension of H-wave rental is not medically necessary.