

Case Number:	CM13-0024268		
Date Assigned:	11/20/2013	Date of Injury:	08/22/2012
Decision Date:	01/17/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/16/2013

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 PM&R, 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:

45 yo female with DOI 8.22.12 with thoracic, lumbar pain, shoulder pain and neck pain. Patient complained of pressure and pain that was severe and burning. Pain in the lumbar was sharp and stabbing. Right shoulder pain improved for two months after cortisone injection. Acupunctures were helping. TENS unit helped a lot when used with PT. Exam on showed trigger point in the C-T-L spine. Restrictive ROM in the shoulder. Dx: C-T-L Strain, right shoulder impingement, right hip contusion, long term medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures. .

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

Decision rationale: Guidelines recommends H wave in soft tissue injury as an adjunct to a program of evidence based functional restoration and not as an isolated intervention. There was no evidence that patient was engaged in such functional restoration program. Therefore the request for H wave is non-certified.

