

Case Number:	CM13-0028296		
Date Assigned:	11/27/2013	Date of Injury:	11/14/2011
Decision Date:	02/27/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/23/2013

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 Pain Management and Rehabilitation, has a subspecialty in Pain 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 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 injured worker is a 57 year old female claimant who sustained a work related injury on 11/04/11. The mechanism of injury was a trip and fall incident. The current diagnoses includes left rotator cuff tendinitis and left elbow medial epicondylitis. The disputed issue is a request for an H-wave stimulation device. A utilization review determination denied this request with the following rationale: "The records submitted contain no accompanying current complete clinical documentation from a treating physician or the requesting provider regarding a recent patient reassessment or otherwise addressing the factors of prolonged disability. The records provided did not specify a response to conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts for this diagnosis. In addition, there was no evidence of a complete trial and response of physical therapy for this claimant. The previous physical therapy visit notes are not specified in the records provided. Any evidence of a trial and failure of a TENS for this injury was not specified in the records provided. With this, it is deemed the clinical information submitted for this review does not establish the medical necessity for purchase of an H wave unit for this claimant at this juncture. Therefore, purchase of an H-wave unit is not medically necessary."

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a H-wave stimulation device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation.

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

Decision rationale: A requirement for H wave stimulation according to the Chronic Pain Medical Treatment Medical Guidelines is documented failure of a TENS trial. There is a signed note dated October 19, 2012 which specifies that the patient did not benefit from a TENS home trial. However, there is no documentation of the duration of this trial, frequency of usage of the TENS device, or the actual dates of this trial. Furthermore, a questionnaire completed by the injured worker following an H wave stimulation trial does not indicate the patient had a previous tens trial. Specifically, in question number five there is a request for a listing of previous therapies tried and the box associated with TENS unit is not checked. A letter of reconsideration by the requesting healthcare provider dated December 5, 2012 does not elucidate specific circumstances pertaining to this patient, but rather describes in general terms the goal of H wave stimulation. Given the contradictory information regarding whether the patient had a trial of TENS unit or not, the request for H wave stimulation is recommended for noncertification at this time until this issue is clarified.