

Case Number:	CM13-0032000		
Date Assigned:	03/03/2014	Date of Injury:	10/22/2012
Decision Date:	04/23/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/04/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 58-year-old female with a date of injury of 10/22/2012. The listed diagnoses per [REDACTED] dated 08/06/2013 are: 1. Chronic shoulder pain, status post rotator cuff surgery dated 05/29/2013. 2. Chronic neck pain. 3. Chronic low back pain. According to report dated 08/06/2013 by [REDACTED], the patient is status post rotator cuff surgery and presents with continued complaints of pain. She is also complaining of a sore neck. She continues to see [REDACTED] for depression. The patient is noted to be actively participating in physical therapy. Physical examination revealed tender diffusely over the cervical and lumbar PSM and limited shoulder active range of motion on the left. Treater is requesting the patient complete her physical therapy sessions. The patient would like to also try medical acupuncture. Supplemental report dated 09/04/2013 states the patient continues to complain of pain and exhibits impaired activities of daily living. Treater recommends an H-wave home care system for 3 months for 2 times per day at 30 minutes per treatment to improve function, circulation, and to decrease congestion, muscle spasm, muscle atrophy, and to reduce oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 1X12, CERVICAL/ NECK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 8.

Decision rationale: This patient presents with continued complaints of neck and low back pain. The treater is requesting acupuncture x12 visits for the cervical spine/neck. Utilization review dated 09/16/2013 modified certification from 12 visits to 6 visits. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per year with optimal duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case, medical records from 04/02/2013 to 08/06/2013 do not indicate that this patient has had any prior acupuncture treatments. However, the requested 12 visits exceed what is recommended by MTUS Guidelines for a trial. The UR decision to modify certification to 6 visits was reasonable. The recommendation for 12 acupuncture visits is not recommended. Therefore the request is not medically necessary.

H WAVE X 3 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, H-Wave Stimulation (HWT).

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

Decision rationale: This patient presents with continued complaints of neck and low back pain. The treater is requesting 3 months rental of an H-wave unit. Per MTUS Guidelines, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic neuropathic pain or soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care". Review of reports dated 04/02/2013 to 08/06/2013 do not show that this patient has tried a TENS unit, as required by MTUS. In this case, the treater is requesting a 3-month rental without trying a TENS unit. In addition, the requested 3 months, exceeds the recommended initial 1-month trial. The requested H-wave rental for 3 months is not medically necessary.