

Case Number:	CM13-0037542		
Date Assigned:	12/18/2013	Date of Injury:	06/19/2012
Decision Date:	04/18/2014	UR Denial Date:	10/12/2013
Priority:	Standard	Application Received:	10/23/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 28-year-old female who reported an injury on 06/19/2012. The mechanism of injury was not provided in the medical records. The patient was diagnosed with cervicgia and right arm pain. Her symptoms included pain that radiated down the length of her arms into her pinkies. The patient was noted to have muscle spasm to the trapezius muscle and decreased sensation along the C6-7 nerve distribution of the right hand. The patient was also noted to have a positive Tinel's at the right radial tunnel.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF H-WAVE UNIT FOR THE RIGHT SHOULDER: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The Physician Reviewer's decision rationale: According to the California MTUS Guidelines, a 1 month trial period of a TENS unit should be documented with how often the unit was used, as well as outcomes in terms of pain relief and function. The most recent

clinical note provided indicated the patient had tried and failed other conservative care along with a TENS unit. After 125 days of use, the patient has reported the H-wave machine had allowed the patient to eliminate medication and increase daily activities. Given the above, the request for the purchase of an H-wave unit for the right shoulder certified.