MAXIMUS Federal Services

Case Number:	CM13-0046982		
Date Assigned:	12/27/2013	Date of Injury:	01/20/1997
Decision Date:	03/24/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/04/2013

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 Orthopedic Surgergy 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 64-year-old female who reported an injury on 01/20/1997. The mechanism of injury is not specifically stated. The patient is diagnosed with tendonitis and shoulder impingement. The patient was seen by [redacted] on 09/09/2013. The patient reported continued pain in the left upper extremity. The physical examination was not provided on that date. X-rays obtained in the office on that date indicated osteoarthritis. The treatment recommendations included a course of physical therapy with H-wave stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit and supplies (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulator..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulations Section Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state H-wave stimulation is not recommended as an isolated intervention, but a 1 month home-based trial may be considered as a non-invasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation. As per the documentation submitted, there is no evidence of an exhaustion of

conservative treatment, including physical therapy, medications, and TENS therapy. There is also no indication of this patient's active participation in a home exercise program or a functional restoration program. Documentation of a treatment plan with the specific short- and long-term goals of treatment with the H-wave stimulation unit was also not provided. The patient's physical examination on the requesting date was not provided. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Iontophoresis (2x/4): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Iontophoresis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state support for Iontophoresis and phonophoresis is limited. Official Disability Guidelines state Iontophoresis is currently understudied. If completed, a trial of 2 sessions may be accepted. As there is limited support for the use of this physical modality, the current request cannot be determined as medically appropriate. As such, the request is non-certified.