

Case Number:	CM13-0049109		
Date Assigned:	01/03/2014	Date of Injury:	03/22/2013
Decision Date:	04/25/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/07/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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:

The claimant is a 58-year-old male with a reported injury date of 3/22/13. According to records, the claimant has a history of neck pain radiating to the left interscapular area. Strength and sensation have been normal. Electrodiagnostic studies reportedly showed a right C6 radiculitis and moderate carpal tunnel syndrome. Cervical MRI showed a C5-6 right-sided disc extrusion with flattening of the cervical cord but no intrinsic cord signal changes. The claimant has mild stenosis at other levels due to degenerative changes. The claimant has been treated with medications, trigger point injections, physical therapy, and epidural steroid injection. The current request is for an additional twelve sessions of therapy and an H wave unit rental for thirty days.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (12 SESSIONS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Based upon the CA MTUS Chronic Pain 2009 Guidelines, an additional twelve sessions of physical therapy cannot be recommended as medically necessary based on the information reviewed. The records suggest that the claimant has received prior physical therapy.

The response to such therapy is unknown. Chronic Pain Guidelines would generally only allow for up to ten visits within eight weeks after the date of injury. The records with a prior therapy request include a request for a short course of treatment with home exercises. It is unclear why this claimant would be unable to perform home exercises at the time of the request over five months after the reported injury date. Additional therapy, therefore, cannot be suggested as medically necessary based on the information reviewed.

H-WAVE UNIT (30 DAY RENTAL): Upheld

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

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

Decision rationale: The MTUS guidelines indicate that an H-wave device is not recommended as an isolated intervention, but a one-month home-based trial of H Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998), or chronic 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, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The requested H-wave unit would be supported by the CA MTUS Chronic Pain 2009 Guidelines. The guidelines allow for a thirty day trial of an H-wave unit if patients fail other treatment with medications and therapy, which has been demonstrated in the available records.