

<b>Case Number:</b>	CM13-0062608		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/28/2009
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Internal Medicine and is licensed to practice in New York. 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 36 year old female with a date of injury on 12/28/2008 and on 05/26/2010. The mechanism of injury was grazing up and down at the computer screen and turning her neck when answering the phone. The listed diagnosis is neck strain. She had previous injuries to the neck in 1999/2000 and 2004/2005 but recovered completely. There was a request for 12 pairs of electrodes and conductive gel on 10/22/2013. On 05/09/2013 she had left carpal tunnel release surgery. An h-wave unit was given to the patient on 09/17/2013. On 09/25/2013 she had neck pain with muscle spasm of the cervical paravertebral muscles and bilateral trapezius muscles. Cervical flexion and extension were each decreased 10 degrees. Both shoulders were tender. The left shoulder abduction and forward flexion were decreased 10 degrees. Right shoulder range of motion was normal. She had no distress. Gait was normal. Heel walk was normal. Upper extremity strength was normal. She had slightly decreased sensation of the right C6,C7 and left C7 dermatomes. There was no documentation that the use of the H wave unit improved the patient's ability to do activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electrodes, per pair:** Upheld

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

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

**Decision rationale:** The requested electrodes are for the H-wave unit. MTUS, Chronic pain, page 117 states that H wave units are not recommended but there may be a one month trial for diabetic neuropathic pain or chronic soft tissue inflammation. Neither has been documented. Also there must be objective documentation that there is improvement in the ability to do activities of daily living. That has not been documented.

**One conductive gel or paste:** Upheld

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

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

**Decision rationale:** The requested conductive gel or paste is for the H-wave unit. MTUS, Chronic pain, page 117 states that H wave units are not recommended but there may be a one month trial for diabetic neuropathic pain or chronic soft tissue inflammation. Neither has been documented. Also there must be objective documentation that there is improvement in the ability to do activities of daily living. That has not been documented.