

Case Number:	CM13-0065862		
Date Assigned:	01/03/2014	Date of Injury:	12/22/2010
Decision Date:	07/03/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/16/2013

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 & 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 is a 62 year old female who has reported multifocal pain after an injury of 12/22/2010. The recent diagnoses per the primary treating physician are: 1. Cervical myoligamentous sprain/strain 2. Right wrist carpal tunnel syndrome 3. Lumbosacral myoligamentous sprain/strain 4. Bilateral knee patellofemoral pain syndrome 5. Status post right-wrist carpal tunnel decompression. Treatment to date has included physical therapy, acupuncture, carpal tunnel release, medications, and injection. Although the AME referred to a TENS unit being dispensed to the injured worker, no reports address the use, if any, of the unit. On 11/12/13, there was right wrist, cervical spine, lumbar spine and bilateral knee pain. The treatment plan included a 30 day trial of the H-Wave unit due to a failed TENS trial, polypharmacy, and modified work. On 11/20/13, Utilization Review non-certified an H-Wave unit, noting the lack of a home-based TENS trial. The Utilization Review physician spoke with the primary treating physician's office and confirmed that no adequate TENS trial had occurred, and that this was necessary prior any further consideration of an H-Wave unit. The request for Utilization Review was an H-Wave unit, no duration, and the request for Independent Medical Review was also for an H-Wave unit, no duration or trial period specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117, 118.

Decision rationale: The MTUS provides a limited recommendation for H-Wave therapy. The available medical reports do not show that diabetic neuropathy is the condition treated, that there is a locus of "soft tissue inflammation", or that there has been a sufficient course of conservative care prior to recommending H-Wave therapy. As per the available medical records, and per the discussion the Utilization Review physician had with the primary treating physician, there has not been an adequate trial of home-based TENS. The request for Independent Medical Review is for an unspecified duration of use for the device. This implies a potentially unlimited duration, which is not accordance with the MTUS recommendations for a trial period. Since the MTUS criteria are not met, H-Wave therapy is not medically necessary based on the MTUS.