

Case Number:	CM13-0068706		
Date Assigned:	01/03/2014	Date of Injury:	08/30/2012
Decision Date:	04/07/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/19/2013

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 and Rehabilitation, has a subspecialty in Pain Management, 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 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:

This is a patient with a date of injury of 8/20/12. A utilization review determination dated 12/11/13 recommends non-certification of an H-Wave rental. A progress report addendum and prescription dated 10/3/13 notes that the patient has pain, impaired range of motion, and impaired activities of daily living. It also notes that physical therapy and/or exercise and medications have been tried, and that use of a TENS unit is not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave rental x3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation; TENS Page(s): 117-118; 114.

Decision rationale: The MTUS Chronic Pain Guidelines state that H-wave stimulation 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, 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 and medications plus transcutaneous electrical nerve stimulation. Within the documentation available for review, there is documentation that the patient has tried "PT and/or exercise" and medications and a TENS unit is not indicated. However, there is no documentation identifying why TENS is not indicated and subsequent documentation identifies that the patient was in physical therapy, thus suggesting that it has not failed. Furthermore, a 3-month trial of H-Wave is not supported by the MTUS Chronic Pain Guidelines and there is no provision to modify the current request. In light of the above issues, the currently requested H-wave rental x 3 months is not medically necessary and appropriate.