

Case Number:	CM14-0002395		
Date Assigned:	01/24/2014	Date of Injury:	09/10/2009
Decision Date:	06/06/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/07/2014

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 Family Medicine 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 61 year old female claimant sustained a work injury on 9/10/09 when she was hit by a car. Her injuries included a head injury, cervical fracture and tibia/fibula fracture. She had developed a DVT after undergoing numerous surgeries. She underwent an anterior cervical discectomy. She additionally had depression, diabetes, neuropathic /chronic pain and swallowing impairment. She had also fallen at home on 7/26/10 and sustained a left femoral neck fracture. She had gained weight secondary to prolonged immobility and inactivity due to pain. An exam report on 11/21/13 indicated, she was 5 ft. 3 inches and 127 lbs. Her weight prior to the injury was 119. She was previously advised to exercise. She continued to have complaints of right leg pain for which she had taken Oxycodone. Physical findings were notable for edema in the right leg and ambulation with a cane. The treating physician requested an H-Wave Tens unit for providing pain relief and a [REDACTED] meal replacement to achieve weight goals.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] WEIGHT MANAGEMENT (MEAL REPLACEMENTS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of the American Dietetic Association 2007 OCT; 107(10):1755-67.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Health Guidelines For Obesity.

Decision rationale: In this case, the claimant's BMI is 23 which is not overweight. In addition, weight goals can be met with caloric intake modification. There are no studies to support the [REDACTED] diet is superior to the methods describe above. The [REDACTED] meal replacement is not medically necessary.

H-WAVE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 171-172.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE AND TENS Page(s): 113-115.

Decision rationale: The MTUS 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 (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). In this case, there is no documentation of trial/failure of a TENS unit. In addition, the length of time of use of H-wave is also not specified. As a result, the request for H-wave is not medically necessary.