

Case Number:	CM14-0106368		
Date Assigned:	07/30/2014	Date of Injury:	02/08/2008
Decision Date:	08/29/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

There is a primary treating physician (PR-2) document dated 7/25/14 that states that she is having a lot of stiffness especially in the mornings. She denies any significant change. She reports that she is having about 6/10 pain currently and that is without medication. She does report that she is using the H wave and gets significant relief from that. She states that it reduces her pain from a 6 to nearly a 0. On examination there is diffuse lumbar paraspinal muscle spasms and tenderness to palpation left worse than right. There is tenderness to palpation in the bilateral L2/L3 but the bilateral SI joint was not tender to palpation. The neck range of motion was as follows: Flexion (40 degrees); Extension (20 degrees), Lateral bend (40degrees), Rotation (50 degrees).The cervical spine is non tender to palpation. Her left wrist exam is very guarded and there is definite topical allodynia along the distal radius even with light touch. The sensory exam is unable to be performed due to guarding. The left glutei musculature is tender to palpation. The grip strength on the left is 4/5 and 5/5 on the right without atrophy. The deep tendon reflexes are 1+ bilaterally. There is slight diminished sensation to pinprick on the left lower extremity. The treatment plan requests authorization for an H wave as it improves pain and functioning and it provides a non pharmacological approach that she can use it before work. The treatment plan states to authorize a personal trainer for a continued home exercise program.

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: 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 (HWT) p.118 Page(s): 118.

Decision rationale: H wave unit is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the H wave 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 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 documentation does not indicate a failure of an adequate TENS trial. The request for an H wave unit is not medically necessary.

Sessions with a personal trainer (duration and frequency unknown): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- Gym memberships.

Decision rationale: The request for sessions with a personal trainer (duration and frequency unknown) is not medically necessary. The ODG does not recommend gym memberships as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Furthermore the MTUS guidelines recommend physical medicine to transition to an independent home exercise program. Furthermore the request for a personal trainer has no duration or frequency indicated. The request for sessions with a personal trainer (duration and frequency unknown) is not medically necessary.