MAXIMUS Federal Services

Case Number:	CM14-0018581		
Date Assigned:	04/18/2014	Date of Injury:	10/25/2009
Decision Date:	06/30/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/13/2014

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:

The patient is a 28-year-old female with a work injury dated 10/25/09. Her diagnoses include left C6-7 lateral foraminal disc protrusion with foraminal stenosis and left upper extremity radiculopathy, left shoulder myoligamentous injury, left knee myoligamentous injury, medication induced gastritis. There is a request for durable medical equipment (DME) request for an H-Wave unit rental. Treatment has included TENS in therapy, epidural injections, medication management, and physical therapy. A 12/5/13 primary treating physician progress report states that the patient recently underwent an epidural injection about three weeks ago in the neck, which provided some benefit, initially after the injection, the patient had increased pain and returned for trigger point injections. Her pain is limiting her activities of daily living. The patient does state that the left knee does seem to be improving; however, she does have pain with increased activities as well as left shoulder pain. The patient is continuing to work although in pain. She also complains of sleep deprivation and depression from the pain. On physical examination, she has left paravertebral spasm. There is decreased cervical range of motion. There is a positive left cervical distraction, foraminal compression and shoulder compression test. There is tenderness around the left shoulder. The left upper extremity strength is 4/5 with decreased range of motion. There is a positive left Apley, supraspinatus and impingement test. There is tenderness around the left knee joint with a positive valgus, varus, Clark and McMurray test on the left. The treatment plan includes surgical evaluation, cervical x-rays and chiropractic treatment. There is a 1/6/14 request for a home H wave device-for three additional months. There is a 12/9/13 office document that states that the applicant received two series of, what appears to be, trigger point injections, which did provide temporary relief. Two days ago, she received an H-wave unit. There is a 12/23/13 office note that states that the patient had 60% relief with

11/21/13 cervical epidural steroid injection. The treatment plan included a second epidural steroid injection and trigger points. The patient's pain level is still 7/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME-H WAVE UNIT RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE UNIT Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE UNIT Page(s): 117-118.

Decision rationale: The request for durable medical equipment (DME) request for an H-Wave unit rental is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient was authorized a one month rental on 11/20/13.Additional documentation does not indicate that patient has received any benefit from this unit. There is no documentation of improvement in pain or function. The request for durable medical equipment (DME) request for an H-Wave unit rental is not medically necessary.