

Case Number:	CM14-0167034		
Date Assigned:	10/14/2014	Date of Injury:	11/18/2010
Decision Date:	11/17/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/10/2014

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 Occupational 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:

The applicant is a represented [REDACTED], employee who has filed a claim for chronic shoulder pain, wrist pain, knee pain, and ankle pain reportedly associated with an industrial injury of November 18, 2010. In a utilization review report dated October 7, 2014, the claims administrator denied a request for a pair of electrodes associated with an H-wave device. The claims administrator based its denial on a progress note dated May 14, 2014, and a claim form dated August 28, 2014. The H-wave device was sought at various points over the course of the claim, including on January 21, 2013. Indefinite use of the same was sought at that point. In a May 14, 2014, progress note, the applicant reported persistent complaints of leg pain. The applicant complained that the claims administrator contested compensability for the same. Tenderness about the back and hip was appreciated. Medications were refilled. It was stated that the applicant was awaiting surgical intervention for her foot paresthesias. The applicant's work status was not furnished. The remainder of the file was surveyed. The applicant's work status was not clearly furnished on any occasion, nor was the applicant's response to the H-Wave device discussed in any of the progress notes provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRODES, PAIR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 118.

Decision rationale: The request in question seemingly represents a request for a pair of electrodes employed in conjunction with an H-wave device. As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of an H-wave device beyond a one-month trial period should be justified by documentation submitted for review, with evidence of a favorable outcome in terms of both pain relief and function. In this case, however, the attending provider has not discussed the applicant's response to usage of the H-wave device in any of the progress notes provided. The applicant's work status, functional status, and response to ongoing usage of the H-wave device were not discussed in any meaningful way. Therefore, the request for a pair of electrodes to be employed in conjunction with the H-wave device was not medically necessary.