

Case Number:	CM14-0031886		
Date Assigned:	06/20/2014	Date of Injury:	09/08/2010
Decision Date:	08/20/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/13/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi . 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 records presented for review indicate that this 43 year old gentleman was reportedly injured on September 8, 2010. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated December 13, 2013, indicates that there are ongoing complaints of low back pain and right knee pain. It was stated that the injured employee is continuing to use an H wave unit with good relief of the muscle spasms of his lower back. Current medications include Voltaren, Tylenol with Codeine, Naprosyn, lisinopril, and triamterene/HCTZ. The physical examination demonstrated tenderness over C5, C6, and the cervical spine paraspinal muscles. Examination of the lumbar spine noted positive facet loading on both sides and full lumbar spine range of motion. Examination of the left wrist noted decreased range of motion with pain. Right knee examination noted tenderness over the medial joint line, a mild effusion, and a positive McMurray's test. Diagnostic imaging studies of the lumbar spine showed facet hypertrophy at L3/L4, L4/L5, and L5/S1 as well as central canal stenosis at L4/L5. A request was made for three additional months of an H wave device rental and was not certified in the pre-authorization process on March 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 3 month rental of an H-wave device: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

Decision rationale: The previous utilization management review stated that there was no mention of any functional benefit derived from the use of an H wave unit, however the progress note dated December 13, 2013, states that the injured employee continues to use the H wave unit with good relief of his muscle spasms of his lower back. For this reason, this request for an additional three month rental of an H wave device is medically necessary.