

Case Number:	CM14-0051771		
Date Assigned:	07/07/2014	Date of Injury:	03/11/2013
Decision Date:	10/16/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/19/2014

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 and is licensed to practice in Nevada. 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 62-year-old gentleman was reportedly injured on March 11, 2013. The mechanism of injury is noted as a slip and fall on the stairs. The most recent progress note, dated May 5, 2014, indicates that there are ongoing complaints of neck pain, low back pain, and right hip pain, although the injured employee states that he is doing much better. The physical examination demonstrated tenderness over the right side of the cervical spine paravertebral muscles and hypesthesia over the ulnar aspect of the right forearm. There was tenderness of the right shoulder supraspinatus tendon and decreased right shoulder range of motion. Examination of the lumbar spine noted tenderness over the lower lumbar region from L4 through the sacrum. No spasms were noted. There was hypesthesia over the lateral aspect of the right leg. Diagnostic imaging studies of the lumbar spine revealed an anterolisthesis of L4 on L5 and a retrolisthesis of L5 on S1. Studies of the cervical spine revealed a disc bulge at C5 - C6. Previous treatment includes a right shoulder arthroscopy, chiropractic care, and the use of an H wave unit. A request had been made for an H wave unit for home use and was not certified in the pre-authorization process on April 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

H wave for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118 of 127..

Decision rationale: The records presented for review indicate that this 62-year-old gentleman was reportedly injured on March 11, 2013. The mechanism of injury is noted as a slip and fall on the stairs. The most recent progress note, dated May 5, 2014, indicates that there are ongoing complaints of neck pain, low back pain, and right hip pain, although the injured employee states that he is doing much better. The physical examination demonstrated tenderness over the right side of the cervical spine paravertebral muscles and hypesthesia over the ulnar aspect of the right forearm. There was tenderness of the right shoulder supraspinatus tendon and decreased right shoulder range of motion. Examination of the lumbar spine noted tenderness over the lower lumbar region from L4 through the sacrum. No spasms were noted. There was hypesthesia over the lateral aspect of the right leg. Diagnostic imaging studies of the lumbar spine revealed an anterolisthesis of L4 on L5 and a retrolisthesis of L5 on S1. Studies of the cervical spine revealed a disc bulge at C5 - C6. Previous treatment includes a right shoulder arthroscopy, chiropractic care, and the use of an H wave unit. A request had been made for an H wave unit for home use and was not certified in the pre-authorization process on April 4, 2014.