

Case Number:	CM14-0054454		
Date Assigned:	07/07/2014	Date of Injury:	04/27/2012
Decision Date:	08/29/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/23/2014

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 34-year-old female was reportedly injured on 4/27/2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 4/16/2014, indicated that there were ongoing complaints of right upper extremity pain. The physical examination demonstrated right upper extremity positive tenderness and minimal swelling noted at the right wrist and at 1st CMC and MCP joints. There was also positive tenderness at the anterior aspect of the right shoulder. Decreased sensation to light touch in the right upper extremity. Edema noted in bilateral feet. No recent diagnostic studies are available for review. Previous treatment included medications and conservative treatment. A request had been made for H wave trial for 3 months and was not certified in the pre-authorization process on 3/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

H Wave trial for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 117-118 of 127.

Decision rationale: MTUS guidelines will support a one-month HWT (H-Wave Stimulation) for diabetic neuropathic pain and chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following a failure of conservative treatment, physical therapy, medications and transcutaneous electrical nerve stimulation (TENS). Review of the available medical records failed to document the criteria required for a 3 month trial of H-Wave Stimulation. As such, this request is not considered medically necessary.