

Case Number:	CM14-0067266		
Date Assigned:	07/11/2014	Date of Injury:	01/29/2011
Decision Date:	08/28/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/12/2014

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 Interventional Spine 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 patient is a 55 year old with an injury date on 1/29/11. The patient complains of persistent pain in the right forefoot rated 5/10, and some lingering right knee pain per 3/14/14 report. The patient had trials of injections to the right foot with minimal benefit per 4/2/14 report. The patient also had prior knee injuries/surgeries. Based on the 4/2/14 progress report provided by [REDACTED] the diagnoses include chronic pain; history crush injury to right foot; history knee injury; rule out neuropathic pain; and depressed mood. An exam on 4/2/14 showed guarded movements, slow and antalgic gait, ambulates using a cane. Right lower extremity shows mild 1st toe edema, and moderate 1st phalangeal tenderness to palpation with no crepitation. Strength of major muscle groups is 4/5. [REDACTED] is requesting acupuncture x 8 sessions, and H-Wave rental, for 3 months. The utilization review determination being challenged is dated 4/25/14. [REDACTED] is the requesting provider, and he provided treatment reports from 11/4/13 to 4/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture for Neck and Low Back Pain.

Decision rationale: MTUS Acupuncture Guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. In this case, the patient has not yet had a trial of acupuncture, and trial of 6 sessions would be reasonable. However, the requested 8 sessions exceeds what is allowed by MTUS. As such, the request is not medically necessary.

H-Wave Rental x 3 Mos: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Guidelines support a one-month home trial of H-Wave stimulation if a transcutaneous electrical nerve stimulation (TENS) unit has failed, if the patient has diagnosis of neuropathy or soft-tissue chronic inflammation. In this case, there is no documentation the patient has failed prior TENS unit therapy, which is required by MTUS Guidelines prior to a H-Wave unit trial. In addition, the requested H-Wave rental duration of 3 months exceeds MTUS Guidelines, as a one-month trial is recommended. As such, the request is not medically necessary.