

Case Number:	CM13-0069667		
Date Assigned:	01/03/2014	Date of Injury:	04/03/2013
Decision Date:	06/17/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/23/2013

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 Internal Medicine, has a subspecialty in Nephrology 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 72-year-old female with a date of injury on 4/3/13. The patient has a 1-year history of injuries to her cervical spine, lumbar spine, left hip and ankle. She tripped over a broken parking meter and sustained her injuries. As part of her treatment, she has undergone physical therapy and transcutaneous electric nerve stimulation (TENS) unit. She occasionally requires pharmacologic treatment with ibuprofen. Records indicate chronic left hip pain dating back to 2004 for which she was referred to physical therapy. On 12/12/13, a note documents the following: no limp or antalgia, tenderness in her left buttock with full range of motion of the lumbosacral spine and the left hip. The treating physician noted that "she is improving and continued improvement is anticipated." The current request is for an H wave trial for 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE TRAIL (1) MONTH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulations (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Chronic pain medical treatment guidelines, page(s) 117-118.

Decision rationale: Although H-wave could be considered, Chronic Pain Medical Treatment Guidelines, it is typically utilized in cases that have not responded to a trial of physical therapy and pharmacologic treatment. In this case, the patient was improving with conventional treatment that included physical therapy. Therefore, the 30-day trial of H wave is not necessary.