

Case Number:	CM14-0116554		
Date Assigned:	08/04/2014	Date of Injury:	04/30/1998
Decision Date:	09/30/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/24/2014

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 injured worker is a 54-year-old male who was reportedly injured on April 30, 1998. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated June 6, 2014, indicated that there were ongoing complaints of back and wrist pains subjectively, and increases of activities of daily living were noted. The physical examination demonstrated no specific findings. Diagnostic imaging studies were not presented for review. Previous treatment included medications, therapy and H-wave device. A request was made for H-wave device and supplies for the left wrist and was not certified in the pre-authorization process on June 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit and supplies,lumbar spine left wrist 30days qty: Upheld

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

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

Decision rationale: The records reflect a subjective increase in the functionality and in terms of a decrease in pain. However, the physical examination findings are not reported and there is no

objective data to suggest that this device has any efficacy or utility whatsoever. Furthermore, the parameters outlined in the California Medical Treatment Utilization Schedule are not met and this appears to be the sole isolated intervention. Therefore, based the limited clinical rationale presented for review, this is not medically necessary.