

Case Number:	CM14-0119972		
Date Assigned:	08/06/2014	Date of Injury:	02/26/2013
Decision Date:	12/15/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/30/2014

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 52-year-old male with an injury date of 02/26/2013. According to the 06/11/2014 progress report, the patient reports of improving chest pain, denies shortness of breath and palpitations. The 07/16/2014 report indicates that the patient's main complaint is chest tightness. The patient continues to report of ongoing sleep disturbance and psychiatric complaints. The patient reports of insomnia, depression, stress, and anxiety. He has numbness and tingling sensation in the left elbow and weakness in the left wrist. The patient is diagnosed with chest pain, suspect secondary to anxiety, currently improved. He is also diagnosed with the following: 1. Left elbow medial humeral epicondylitis. 2. Right hand strain. 3. Left hand strain. 4. Left wrist internal derangement. 5. Right knee surgeries (05/03/2013 and 09/30/2013). 6. Left knee internal derangement. 7. Status post left knee surgery. 8. Other problems unrelated to current evaluation. The utilization review determination being challenged is dated 07/24/2014. Treatment reports were provided from 01/28/2014 - 07/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of an H-Wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT).

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

Decision rationale: According to the 07/01/2014 report, the patient has left elbow medial humeral epicondylitis, right hand strain, left hand strain, left wrist internal derangement, right knee surgeries, left knee internal derangement, status post left knee surgery, among other issues. The request is for a rental of h-wave unit. There is no discussion provided as to what the goals are from this H-wave unit. California Medical Treatment Utilization Schedule (MTUS) page 117, 118 supports the 1-month home-based trial of H-wave treatment as a non-invasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only allowing failure of initially recommended conservative care, including recommended physical therapy (exercise) and medications, plus TENS. In this case, it appears as though the patient has already tried physical therapy and medications. However, there is no indication that the patient has used a trial of TENS. California MTUS does not allow H-wave trial unless the patient fails the TENS unit, and concurrent use of both these units are not recommended. Since there are no indication that the patient has failed the TENS unit, we are forced to assume that the patient has not yet tried the TENS unit. Treatment is not medically necessary and appropriate.