

Case Number:	CM14-0083542		
Date Assigned:	07/21/2014	Date of Injury:	05/02/2011
Decision Date:	09/24/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/05/2014

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 72-year-old individual was reportedly injured on May 10, 2011. The mechanism of injury was not listed in these records reviewed. A December 9, 2011 evaluation determined that maximum medical improvement had been reached and impairment rating was assigned. The most recent progress note, dated March 25, 2014, indicated that there were ongoing complaints of intermittent headaches, pain, dizziness, and blurred vision. The physical examination was not presented. The injured employee was released from orthopedic care. Diagnostic imaging studies objectified a normal neurological assessment. Previous treatment included medications, multiple testing, and conservative care. A request had been made for a DME H-wave unit and was not certified in the pre-authorization process on May 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME H Wave Unit: Upheld

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

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

Decision rationale: The records, presented for review, indicate that this 72-year-old individual was reportedly injured on May 10, 2011. The mechanism of injury was not listed in these records reviewed. A December 9, 2011 evaluation determined that maximum medical improvement had been reached and impairment rating was assigned. The most recent progress note, dated March 25, 2014, indicated that there were ongoing complaints of intermittent headaches, pain, dizziness, and blurred vision. The physical examination was not presented. The injured employee was released from orthopedic care. Diagnostic imaging studies objectified a normal neurological assessment. Previous treatment included medications, multiple testing, and conservative care. A request had been made for a DME H-wave unit and was not certified in the pre-authorization process on May 19, 2014.