

Case Number:	CM13-0003315		
Date Assigned:	11/08/2013	Date of Injury:	10/15/2012
Decision Date:	01/17/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, 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 physician 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 applicant is represented [REDACTED] employee, who has a filed a claim for fracture of the tibia and patella reportedly associated with an industrial injury of October 15, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and an apparent trial of an H-wave device. In a utilization review report of July 12, 2013, however, the claims administrator denied a request for a formal one month home rental of the H-wave device. The applicant's attorney later appealed. The sole clinical information on file are surveys and prescriptions form of July 2, 2013 and July 17, 2013, in which the applicant's vendor and the applicant's usage of the H-wave has resulted in an improved ability to walk further and lift more. It is stated that the applicant has tried physical therapy and other unspecified electrical stimulation other than a conventional TENS unit in the past. No clinical progress notes, PR-2 reports, or other medical problem list were attached to either the request for authorization or the application for independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month rental of Home H-wave device for the left tib/fib/patella fracture: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Disorders H-wave.

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

Decision rationale: As noted on page 117 of the MTUS Chronic Pain Medical Treatment guidelines, H-wave home care systems are, at best, tepidly endorsed as non-invasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation in those applicants who have tried and failed other initially recommended conservative care, including physical therapy; analgesic medications, home exercise, and conventional TENS units. In this case, however, there is no concrete evidence that all of the aforementioned criteria were met. Again, no clinical progress notes were attached to the request for authorization. The sole supporting information consists of the vendor-supplied form and a statement from the applicant. This is insufficient to support the request for the H-wave device. Therefore, the request remains non-certified, in independent medical review.