

Case Number:	CM13-0004763		
Date Assigned:	01/10/2014	Date of Injury:	12/29/2008
Decision Date:	03/24/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	07/29/2013

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 Family Practice and is licensed to practice in Texas. 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 patient is a 45-year-old male who reported injury on 12/29/2008. The patient's diagnosis was noted to be bilateral sprains and strains of the ankle, and sprains and strains of unspecified sites of the knee and leg. The mechanism of injury was not provided. On 04/24/2013, the physician was noted to request a 30-day trial of an H-Wave home care system, where the patient had tried physical therapy and/or exercise and medications and a trial of a TENS unit. The unit was again requested on 05/16/2013. The request on 06/28/2013 was for a three (3) month trial of the home H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three-month rental of an H-wave unit related to the right knee, and bilateral ankle/foot injury: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC (www.odg-twc.com); Section: Ankle & amp; Foot

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

Decision rationale: California MTUS Guidelines do not recommend H-wave stimulation as an isolated intervention, but a 1 month trial for neuropathic pain or chronic soft tissue inflammation may be applicable if used as an adjunct to a program of evidence-based restoration, and trial periods of more than 1 month should be justified by documentation submitted for review. Clinical documentation submitted for review indicated the patient had complaints of pain and exhibited impaired activities of daily living. However, there was a lack of documentation of objective functional improvement with the trial of the H-wave unit. Additionally, the patient was noted to have utilized it for 60 days prior to the request for 3 months. There was a lack of documentation of objective functional improvement and an objective decrease in the VAS score, the request for 3-month rental of a H wave unit from 6/28/2013 to 9/28/2013, related to right knee bilateral ankle/foot injury is not medically necessary.