MAXIMUS Federal Services

Case Number:	CM13-0006751		
Date Assigned:	03/19/2014	Date of Injury:	07/13/2012
Decision Date:	04/14/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/05/2013

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 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 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:

According to the records made available for review, this is a 63-year-old male with a 7/13/12 date of injury. At the time (7/5/13) of request for authorization for durable medical equipment: Final Determination Letter for IMR Case Number [redacted] home H-wave times 30 days, there is documentation of subjective (chronic pain, limited motion, and difficulty performing activities of daily living) and objective (reduced range of motion) findings, current diagnoses (osteoarthrosis, localized, primary, lower leg), and treatment to date (not specified). In addition 7/5/13 medical report plan identifies H-wave in conjunction with physical therapy and or exercise. There is no documentation of failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS).

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT: HOME H-WAVE TIMES 30 DAYS: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines identifies documentation of chronic soft tissue inflammation and that the H-wave will be used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS), as criteria necessary to support the medical necessity of H-wave. After review of the medical information available, there is documentation of a diagnosis of osteoarthrosis, localized, primary, and lower leg. In addition, there is documentation that the H-wave will be used as an adjunct to a program of evidence-based functional restoration (physical therapy and exercise). However, there is no documentation of failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). Based on guidelines and review of the evidence the request for durable medical equipment: home H-wave times 30 days is not medically necessary.