

Case Number:	CM13-0019088		
Date Assigned:	11/08/2013	Date of Injury:	06/28/2011
Decision Date:	05/15/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/03/2013

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 21-year-old male who reported an injury on 06/28/2011 due to a slip after throwing away boxes. The injured worker reportedly sustained an injury to his right knee and lumbar spine. The injured worker underwent conservative treatment to the right knee that ultimately resulted in right knee arthroscopy. The injured worker's treatment history for the lumbar spine included physical therapy and chiropractic care. The most recent evaluation submitted for this review was dated 06/25/2013. It was documented that the injured worker was not participating in a home exercise program. Physical findings included restricted lumbar range of motion secondary to pain with tenderness to palpation along the paraspinal musculature. Physical findings of the right knee documented limited range of motion secondary to pain. The injured worker's diagnoses included chronic myoligamentous sprain/strain of the lumbar spine. The injured worker's treatment plan included participation in a home exercise program, additional physical therapy, and referral to a knee specialist. A request was made for additional 3 month rental of H-wave system. However, due to the lack of recent clinical documentation there was no justification to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL THREE (3) MONTH RENTAL OF H-WAVE SYSTEM: 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 SECTION H-WAVE STIMULATION (HWT), Page(s): 117.

Decision rationale: The requested additional 3 month rental of H-wave system is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends H-wave therapy systems for patients who have failed to improve with conservative treatments to include medications, physical therapy, and a TENS unit. The clinical documentation does not provide any evidence that the injured worker has been provided a trial of a TENS unit. Additionally, the request is for an additional rental period. The California Medical Treatment Utilization Schedule recommends additional usage of an H-wave therapy system for patients who have had objective functional improvement as a result of a 30 day trial. The clinical documentation submitted for this review did not provide any evidence that the injured worker had undergone a trial. There was no evidence of functional improvement as a result of that trial. Therefore, the need for additional treatment cannot be determined. As such, the requested additional 3 month rental of the H-wave system is not medically necessary or appropriate.