

Case Number:	CM13-0024381		
Date Assigned:	11/20/2013	Date of Injury:	05/13/2008
Decision Date:	01/10/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/13/2013

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 Orthopedic Surgery 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 claimant is a 56-year-old injured worker who with a date of injury of May 13, 2008. The clinical records for review include orthopedic consultation with [REDACTED] on July 1, 2013 documenting that the claimant presented with continued complaints of bilateral knee pain left greater than right. It was noted that he was utilizing a left knee brace with continued symptoms and that he also reported low back pain radiating to the legs. The treating physician noted upper extremity examination showed positive Tinel's sign at the wrists bilaterally and tenderness about the hands with weak grip strength. He recommended an MRI scan of the lumbar spine as well as electrodiagnostic studies of the upper extremities. Previous imaging is not available for review. A follow up report of August 5, 2013 documented continued bilateral knee and lower extremity complaints. It was documented that he was being treated with viscosupplementation injections and that the treating physician recommended Platelet-Rich Plasma (PRP) injections to the left Achilles tendon for further treatment. It indicated at the time that the claimant would also benefit from a weight loss program and possibly gastric bypass surgery. Under review was a request for an H-wave device for use of the claimant's left ankle for 30 day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 30-day rental of H-Wave device for left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

Decision rationale: Based on California MTUS Chronic Pain Guidelines, H-wave device would not be indicated. Guidelines do not recommend the role of an H-wave device as an isolated intervention and it is also not recommended prior to a failed course of first line conservative care inclusive of a TENS unit. Records in this case do not indicate a current working diagnosis pertaining to the ankle nor does it indicate a failed response to previous treatment to the ankle inclusive of a TENS unit, since the injury of 2008. The request for 1 30-day rental for an H-Wave device for the left ankle is not medically necessary and appropriate.