

Case Number:	CM13-0026553		
Date Assigned:	11/22/2013	Date of Injury:	01/15/2009
Decision Date:	02/10/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/19/2013

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 36-year-old gentleman injured in a work related accident 01/05/09. Recent clinical record for review includes a 06/17/13 assessment by [REDACTED] where he documents that the claimant is continuing status post removal of prior femoral hardware from fracture with continued left hip and lower extremity complaints on the left as well as low back pain and left thigh pain. He states that he has been attending aquatic therapy and is having difficulty with ambulation and modality. Physical exam shows an antalgic gait with a cane, weakness of the gluteal muscles and restricted hip range of motion. The recommendations at that time were for a motorized scooter as well as an H wave device for further treatment. Recent clinical imaging is not supported for review. In an appeal letter of 08/15/13, [REDACTED] states that a previous trial the H wave device for the claimant's hip was "helpful". Further treatment is not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day trial of H-wave device: Upheld

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

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, an H wave device is not recommended as an isolated intervention, but can be used as an adjunct program of evidence based functional restoration only after failure of conservative care including prior physical therapy, medications and TENS usage. Records for review fail to demonstrate the prior treatment of a TENS unit or device for use. While treating physician indicates that a trial of an H wave unit did provide relief, the lack of documentation of a TENS device for use would fail to necessitate clinical guidelines for continued use of the device requested at this time.