

<b>Case Number:</b>	CM13-0031826		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	01/15/2009
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

According to report dated 06/17/2013 by [REDACTED], patient continues to complain of pain in his left hip, left lower extremity, low back and left thigh pain. It was noted that patient is attending aqua therapy and "these have helped him a great deal". Examination reveals antalgic gait with a cane. Weakness of the gluteal muscles is noted, along with swelling of the left lower extremity. Patient has pain with limited range of motion of his left hip. Flexion is 80 degrees and abduction is 30 degrees. Due to patient's difficulties with ambulation, treater is requesting rental of a motorized scooter. For pain relief, treater is requesting an H-wave unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H Wave Unit, purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-118.

**Decision rationale:** The Physician Reviewer's decision rationale: This patient presents with continued complaints of pain in his left hip, left lower extremity, low back and left thigh pain.

The treater has requested a purchase of an H-wave unit. MTUS guidelines pages 117 and 118 states that a one-month home based trial of H-wave stimulation can be considered if the patient fails conservative treatments, medications, therapy AND TENS. Medical records show patient was given a 30 day trial of TENS on 03/08/2013. Based on the review of medical records dated 04/22/2013 to 09/09/2013 , there are no documentation regarding the outcome of the trial of the TENS unit. The request is for a home purchase of an H-wave unit and MTUS recommends a one-month trial first to determine efficacy. The patient may be a candidate for a rental of H-wave if he has failed TENSs, but not for a purchase of the unit at this time. Recommendation is for denial.

**Motorized scooter, rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
The Physician Reviewer's decision rationale: This patient presents.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
The Physician Reviewer's decision rationale: This patient presents with continued complaints of.

**Decision rationale:** The Physician Reviewer's decision rationale: This patient presents with continued complaints of pain in his left hip, left lower extremity, low back and left thigh pain. The treater has requested a rental of a motorized scooter as patient has difficulties with ambulation. Power Mobility Devices under MTUS pg 99 states, "Not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care." Physical examination dated 06/17/2013 noted "antalgic gait with a cane." This patient appears to be able to ambulate with a cane albeit with pain. Furthermore, there does not appear to be any reason why a wheelchair cannot be used. The patient does not present with upper extremity weakness. There is also no documentation of the availability of caregiver as well. The request does not appear to be medically necessary and recommendation is for denial.