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| Case Number: | CM13-0032703 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 12/06/2012 |
| Decision Date: | 02/04/2014 | UR Denial Date: | 09/19/2013 |
| Priority: | Standard | Application Received: | 10/08/2013 |

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 and Rehabilitation 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 patient is a 37-year-old female who reported an injury on 12/06/2012. The patient is diagnosed as status post right knee arthroscopy, thoracic sprain, compensatory left knee sprain and strain, and anxiety. The patient was seen by [REDACTED] on 09/23/2013. Physical examination of the left ankle revealed tenderness to palpation with diminished range of motion. Physical examination of the lumbar spine also revealed tenderness to palpation with positive Kemp's testing and diminished range of motion. Treatment recommendations included continuation of current medications, continuation of a home exercise program, and acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device, one (1) month home use evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT), Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state H-wave stimulation is not recommended as an isolated intervention, but a 1 month home-based trial of H-wave stimulation

may be considered as a non-invasive conservative option for diabetic neuropathy or chronic soft tissue inflammation. The device should be used as an adjunct to a program of evidence based functional restoration, and only following failure of initially recommended conservative care including physical therapy and medication plus transcutaneous electrical nerve stimulation. As per the clinical notes submitted, there is no indication that this patient has failed to respond to recent conservative treatment including physical therapy, medications, or TENS therapy. Additionally, there was no documentation of a treatment plan with specific short and long term goals of treatment with the device provided. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.