MAXIMUS Federal Services

Case Number:	CM13-0033559		
Date Assigned:	12/06/2013	Date of Injury:	10/29/2010
Decision Date:	04/04/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/10/2013

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 injured worker is 54 years old and had a date of injury of 10/29/2010. The injured worker had a fall at work and sustain a hip injury. There are complaints of hip pain and knee pain. The patient has a history of right total hip arthroplasty and then subsequently had a revision. The disputed issue is a request for extension of H-wave stimulator rental x 3 months. According to progress note dated 9/11/2013, the patient complained of pain and impaired activities of daily living. The patient reported a decreased level of pain from 9 to 4 after the use of H-wave stimulator. A utilization review determination had noncertified this request, citing that an extension of H wave stimulation was not warranted given that only subjective improvement in pain was documented. There was no documentation of medication reduction or objective functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

USE OF 1 HOME H-WAVE DEVICE FOR AN ADDITIONAL 3 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT) Page(s): 117-118.

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

Decision rationale: The documentation indicates that the patient was attending physical therapy which is necessary as H wave stimulation is recommended as an adjunct to functional restoration. However, the guidelines specifically state that there should be a documented failure of traditional TENS in order to have H-Wave stimulation. This is not documented. Given this, this request is not certified.