

Case Number:	CM13-0038392		
Date Assigned:	01/24/2014	Date of Injury:	05/13/2013
Decision Date:	03/25/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/25/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 43-year-old male who reported an injury on 05/13/2013. The mechanism of injury was noted to be a fall. The patient is diagnosed with a broken leg and ankle. The clinical information submitted for review indicates that the patient did not receive benefit from use of a TENS unit x2 during his physical therapy sessions. However, he is noted to have relief with use of an H-wave unit documented as 80% improvement. Additionally, it was noted that the patient was able to decrease his medications and increase his ADLs with use of an H-wave unit. He indicated that he used the H-wave twice a day for approximately 45 minutes per session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device, left ankle/leg, one month rental: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electrotherapy Section Page(s): 116-117.

Decision rationale: According to the California MTUS Guidelines, H-wave stimulation is not recommended as an isolated intervention but a home based trial of H-wave stimulation may be considered for the treatment of diabetic neuropathic pain or chronic soft tissue inflammation if

used as an adjunct to a program of evidence based functional restoration. Additionally, the documentation should show that the patient failed initially recommended conservative treatment including physical therapy and medications, plus a TENS unit trial. The clinical information submitted indicated that the patient had no benefit with use of a TENS unit. Additionally, it was noted that the patient did have decreased pain, increased function, and was able to decrease his medications with use of an H-wave unit. However, details regarding the patient's functional gains made in previous physical therapy and with use of medications were not provided in the medical records. Additionally, there was no recent office notes provided indicating that the patient would be using his H-wave unit as an adjunct to a program of evidence based functional restoration. For these reasons, the patient does not meet the criteria for H-wave stimulation. As such, the request is non-certified.