

Case Number:	CM13-0038810		
Date Assigned:	12/18/2013	Date of Injury:	04/11/2012
Decision Date:	02/26/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	10/02/2013

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 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 28-year-old male who reported injury on 04/11/2012. The mechanism of injury was stated to be the patient was pushing a riding lawnmower when it came free and knocked the patient off his feet and ran over his left foot and ankle. The patient was noted to have trialed a TENS unit and it was noted to not provide satisfactory or adequate relief. The patient's diagnoses were noted to include joint pain in the left leg. The request was made for an H-wave device 1 month home use for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave device one month home use for the left knee: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: California MTUS guidelines do not recommend H-wave stimulation as an isolated intervention, however, recommend a one-month trial for neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based restoration and only following failure of initially recommended

conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The clinical documentation submitted for review indicated the patient had trialed a TENS unit and it did not provide satisfactory or adequate relief. However, it failed to indicate the patient would be using an H-wave stimulation device as an adjunct to a program of evidence based restoration and it failed to include documentation of failure of initially recommended conservative care. Given the above, the request for H-wave device, 1 month home use for left knee, is not medically necessary.