

Case Number:	CM13-0042941		
Date Assigned:	12/27/2013	Date of Injury:	02/10/2010
Decision Date:	02/25/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/21/2013

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 and is licensed to practice in Illinois. 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 58-year-old female who reported an injury on 02/10/2010. The mechanism of injury was stated to be the patient was at work putting clothes in a machine in the laundry and was continuously bending, pulling, and moving her arms up and down and standing on her legs. The patient was noted to have an incident on that date. The physical examination was difficult to read as it was handwritten and additionally it was a dark fax copy. The patient's diagnoses, per the submitted Application for Independent Medical Review, were noted to be sprains and strains of the knee and leg. The request was made for home H-wave device for bilateral knees for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device for bilateral knees, for purchase: Upheld

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

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

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 and medications, plus transcutaneous electrical nerve stimulation. The clinical documentation submitted for review indicated the physician's request per the submitted documentation was for an H-wave 6-month rental and if the unit was for purchase, there was a lack of documentation indicating the functional benefit that was received by the patient and the length of time of the trial. If it was for an initial trial, there was a lack of documentation indicating the patient had failure of an initially recommended conservative care, medications, and transcutaneous electrical nerve stimulation and the initial trial would be for 1 month. Given the lack of legible documentation, the necessity for clarity and the indication the request was for rental for 6 months, the request for home H-wave device for bilateral knees for purchase is not medically necessary.