

Case Number:	CM13-0051474		
Date Assigned:	12/27/2013	Date of Injury:	05/02/2011
Decision Date:	03/18/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/14/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of May 2, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and prior knee meniscectomy surgery. In a Utilization Review Report of October 15, 2013, the claims administrator denied a request for an H-Wave home care system. The applicant's attorney subsequently appealed. The most recent progress report of July 8, 2013 is notable for comments that the applicant reports persistent knee pain. It is stated that the applicant has not had any other treatment, including H-Wave therapy. It is stated that the applicant will continue with current unspecified treatments. Also enclosed are several articles supporting the usage of an H-Wave device and preprinted checkboxes which state that the applicant has tried physical therapy and medications but has not previously tried a TENS unit. Most of the documentation on file includes self-reported questionnaire from the applicant and/or device vendor.

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 purchase, left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

Decision rationale: As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, trial periods of longer than one month should be justified by documentation submitted for review. In this case, however, the documentation on file does not support usage of the H-Wave device in question. The applicant's work status, functional status, and response to previous H-Wave therapy are unknown. It is not clearly stated how usage of the H-Wave device has effected any improvement in the applicant's functional level or functional status. Therefore, the request for purchase of an H-Wave device is not certified, on Independent Medical Review.