

Case Number:	CM13-0053160		
Date Assigned:	12/30/2013	Date of Injury:	07/08/2008
Decision Date:	04/02/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/18/2013

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 has filed a claim for chronic low back, bilateral wrist, and bilateral knee pain reportedly associated with an industrial injury of July 8, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior multilevel lumbar fusion surgery in 2011; right carpal tunnel release surgery; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of October 25, 2013, the claims administrator denied the request for an H-Wave home care system. The applicant's attorney subsequently appealed. An earlier note of September 24, 2013 is notable for comments that the applicant reports persistent low back and bilateral knee pain, exacerbated by lifting, bending, and stooping. The applicant is apparently not willing to pursue a total knee arthroplasty which was recommended by her treating provider. An H-Wave home care system is recommended. It is stated the applicant tried medications including Motrin, Medrol, Naprosyn, and Norco, completed physical therapy in 2012, and tried a TENS unit in 2008 without any relief. The applicant is asked to obtain the H-Wave device on a permanent basis. On January 14, 2014, the applicant states that the H-Wave device has been beneficial to her. The applicant states that she is able to sleep better. The applicant is described on an earlier note of July 24, 2013 that having been off of work since 2009. The applicant was on Neurontin, Zocor, Zestril, metformin, and Levoxyl as of that point in time, it was stated. The applicant underwent trigger point injection therapy on August 13, 2013, it is further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE HOME CARE SYSTEM: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that trial periods of an H-Wave device for more than one (1) month should be "justified by documentation submitted for review." In this case, the attending provider and applicant have not clearly established the presence of any lasting benefit or functional improvement achieved as a result of the prior trial of the home H-Wave device. The applicant does not appear to have returned to work. There is no clear evidence that the applicant has diminished medication consumption or achieved any reduction in dependence on medical treatment. The applicant is now apparently intent on pursuing some form of knee surgery, including either a knee meniscectomy and/or total knee arthroplasty. While some temporary pain relief was seemingly effected as a result of the H-Wave device trial, there is no evidence that the applicant achieved any lasting benefit in terms of the parameters established in the guidelines. Accordingly, the proposed H-Wave device is not certified, on Independent Medical Review.