

Case Number:	CM13-0058425		
Date Assigned:	12/30/2013	Date of Injury:	09/12/2005
Decision Date:	08/08/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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:

This is a 56-year-old male patient with a 9/12/05 date of injury. 1/3/14 H-wave patient outcome report indicates that the patient has increased activities of daily living, decreased medication intake, and reportedly reduced inflammation by 40-50%. Medical reports from 2012, 2013 and 2014 were reviewed, indicating persistent knee, neck, and low back complaints. Physical exam demonstrates lumbar and cervical tenderness, negative Waddell symptoms. Treatment to date has included H-wave trial, TENS unit, physical therapy, medication. There is documentation of a previous 10/21/14 adverse determination because it was unclear how the unit was expected to positively impact the patient's function when efficacy of this modality has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H WAVE DEVICE: Upheld

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

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

Decision rationale: CA MTUS states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as

an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). H-wave patient outcome report indicates that the patient has increased activities of daily living, decreased medication intake, and reportedly reduced inflammation by 40-50%. However, there are no recent medical reports from the requesting physician that would objectively corroborate the patient's reported gains. There is no detailed documentation of concurrent modalities rendered during the trial period, and the specific outcome of a previous TENS trial was not documented. Therefore, the request for a home h wave device was not medically necessary.