MAXIMUS Federal Services

Case Number:	CM14-0004631		
Date Assigned:	01/24/2014	Date of Injury:	01/06/2009
Decision Date:	06/27/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/10/2014

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 Anesthesiology has a subspecialty in Pain Management 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:

The patient has submitted a claim for depression, diabetes, hypertension, bilateral knee arthrosis, myofascial pain syndrome, and lumbar spine disc bulge associated with an industrial injury date of 01/06/2009. Medical records from 2013 to 2014 were reviewed. Patient complained of constant low back pain, rated 7/10 in severity. She likewise complained of bilateral knee pain. Physical examination revealed tenderness at both knees. Range of motion of bilateral knees showed 120 degrees of flexion, and 0 degree extension. McMurray's test and patella grind test were positive. Range of motion of the lumbar spine was restricted with presence of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME HOME H-WAVE DEVICE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 117,118.

Decision rationale: As stated on pages 117-118 of CA MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT) is not recommended as an isolated intervention, but a trial may be considered as a non-invasive conservative option for chronic soft tissue

inflammation if used as an adjunct to a program of evidence-based functional restoration. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In this case, patient had a one-month trial period of H-wave and reported 30% improvement with noted increase in functional abilities. She initially tried use of a TENS unit in 2011, and reported no improvement from its use. However, the duration of trial period for TENS was not documented. This is significant in determining failure of therapy. Furthermore, medical records submitted for review failed to provide evidence that patient was still continuing her self-exercises at home, a required adjunct to H-wave treatment. In addition, the request failed to specify if the device is for rental or purchase. Therefore, the request for DME Home H-Wave Device is not medically necessary.