

Case Number:	CM14-0004814		
Date Assigned:	01/24/2014	Date of Injury:	10/24/2007
Decision Date:	06/19/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/13/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 60-year-old male who reported an injury on 10/24/2007. The mechanism of injury was not specifically stated. Current diagnoses include a medial meniscus tear, lumbar spinal cord injury and unspecified internal derangement of the knee. The injured worker was evaluated on 11/13/2013. The physical examination was not provided. Subjective complaints were also not provided. Treatment recommendations included an H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE, 30 DAY HOME TRIAL (QUANTITY1): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 114-121

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Page(s): 117-121.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, state that H-wave stimulation is not recommended as an isolated intervention, but a 1 month home-based trial may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation. H-wave stimulation should be used as an adjunct to a program of

evidence-based functional restoration and only following a failure of initially recommended conservative care. There was no physical examination provided on the requesting date. There was no mention of an attempt at conservative treatment, to include physical therapy, medications and TENS therapy. Based on the clinical information received, and the Chronic Pain Medical Treatment Guidelines, the request is not medically necessary.