

Case Number:	CM14-0004874		
Date Assigned:	01/24/2014	Date of Injury:	04/02/2013
Decision Date:	08/05/2014	UR Denial Date:	12/31/2013
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 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 injured worker is a 48-year-old male who was reportedly injured on 04/02/2013. The mechanism of injury is that the injured worker fell through a roof while evaluating a sprinkler system. The injured worker presented with bilateral rib fractures, lumbar 4 burst fracture with 1centimeter retropulsion into spinal canal, lumbar stenosis and multiple orthopaedic injuries. Computed tomography of the left foot presented multiple fractures along the midfoot including navicular bone with large displaced bony fragment. Procedures done was fusion lumbar open, insertion intramedullary rod proximal tibia and external fixation to the lower extremity. Last physical examination dated 04/18/2014 was vague and listed range of motion 0-130 degrees. The knee is stable to anterior, posterior, medial and lateral stress with only grade 1 laxity with varus and valgus stress. Radiographs reveal medial shifting of the femur on the tibia with significant medial compartment arthritis. Current medications Oxycontin, gabapentin, tramadol, Doc-Q-lace , senna lax, famotidine, temazepam, clonazepam, januvia, metformin and glipizide. Ambulates with a platform walker. Pain is rated currently 2/10, at worst is 5/10. A request was made for home H-wave device for right shoulder and left ankle and was not certified in the pre-authorization process on 12/31/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: PURCHASE OF HOME H-WAVE DEVICE FOR RIGHT SHOULDER AND LEFT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 115 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 115 of 127.

Decision rationale: According to the CA MTUS Guidelines, H-Wave is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure to respond to conventional therapy, including physical therapy, medications, and Transcutaneous Electrical Nerve Stimulation (TENS). The medical records do not document failure to respond to conventional therapy; i.e. a course of physical therapy. Therefore, the medical necessity of home H-wave therapy is not medically necessary.