

Case Number:	CM14-0007866		
Date Assigned:	02/07/2014	Date of Injury:	06/05/2003
Decision Date:	06/23/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/21/2014

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:

There are extremely limited treating medical records available regarding this patient. According to administrative records and a prior physician review, this patient's underlying date of injury is June 5, 2003. The patient was noted to be a 46-year-old without a specific known documented mechanism of injury. The patient is noted to have a history of two prior left shoulder arthroscopic surgeries with Mumford procedures, two unspecified left knee surgeries, and a right knee arthroscopy. Prior physician review of January 3, 2014 notes that the patient is status post left shoulder surgery in December 2003 and a left knee arthroscopy in June 2004 and that the patient has been noted to have 20% diminished grip strength in the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 MONTH USE OF A HOME h - WAVE UNIT BETWEEN 12/30/2013 AND 2/13/2014: 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, ,

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on H-wave stimulation states that this is not recommended as an isolated intervention but a one month trial may be considered as an option in conservative management of pain. The medical records at this time are very limited in understanding the patient's overall clinical presentation. The medical records at this time do not support an indication for a home H-wave trial. The request for one month's use of an H-Wave unit is not medically necessary or appropriate.