MAXIMUS Federal Services

Case Number:	CM14-0108414		
Date Assigned:	08/01/2014	Date of Injury:	05/11/2009
Decision Date:	12/10/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/11/2014

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 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:

43 pages provided for this review. There was a utilization review from June 25, 2014. It was for the purchase for an H-wave unit for the left ankle. The application for independent medical review was signed on July 11, 2014. The mechanism of injury was not noted. Medicines were not stated. The surgical history included a meniscectomy of the left knee on February 25, 2014. Diagnostic studies were not stated. Other therapies included postoperative physical therapy, a TENS unit, medicines and a prior 30 day trial of an H-wave therapy unit. Per the records provided, the patient is described as a 44-year-old female who was injured on May 11, 2009. The patient was evaluated on May 27, 2014. There was a decrease in oral medicines and an increase in overall function reportedly due to the H-wave device trial. The patient reported a 60% reduction in pain and could walk farther, sit longer, sleep better and stand longer. The clinical documentation provided dated shows significant subjective improvements. There were however no objective physical examination findings to support improvement in functional related to the use of the device. Additionally the number of treatments and specific outcomes related to those treatments is not clearly identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of an H wave unit for left ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under NMES units

Decision rationale: The MTUS notes that TENS such as H-wave are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Neuropathic pain and phantom limb pain and CRPS II: Some evidence to support use. Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. Moreover, regarding H-wave stimulation, the California MTUS Chronic Pain section further note: H-wave stimulation (HWT). Not recommended as an isolated intervention. The device may be tried if there is a chronic soft tissue inflammation if used: as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). Therefore, the request is not medically necessary.