MAXIMUS Federal Services

Case Number:	CM14-0015636		
Date Assigned:	03/03/2014	Date of Injury:	01/30/1998
Decision Date:	08/06/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/07/2014

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:

This is a 70-year-old with a January 30, 1998 date of injury after being hit by a basketball. She was seen on January 24, 2014 complaining of headaches, neck, back, knee, shoulder, and feet pain. Exam findings revealed moderate decrease in rage of motion of the C and L spine with spasm, and tenderness over the AC joint. AN H wave unit rental was requested in July 2013 and approved. The diagnosis is severe degenerative joint disease of the knees, impingement syndrome, and cervical/lumbar radiculopathy. Treatment to date: orthotics; medications; physical therapy; acupuncture; surgery to the neck, knee, Achilles tendon, heel, carpal tunnel release, TENS (transcutaneous electrical nerve stimulation) unit. The UR decision dated January 30, 2014 denied the request given the patient had a one month trial certified and there was no documentation regarding the patient's response to the trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

An H-Wave unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). The patient has multiple diagnosis, surgeries, and conservative treatments. The patientwas approved for an H wave unit rental in July 2013, however there is a lack of documentation with regard to whether the H wave unit has resulted in any improvements to date. Therefore, the request for an H wave unit for purchase was not medically necessary or appropriate.