

Case Number:	CM14-0114239		
Date Assigned:	08/01/2014	Date of Injury:	07/15/2006
Decision Date:	10/01/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/21/2014

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 Internal Medicine, Pulmonary Disease, and is licensed to practice in California, Florida, and New York. 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 70-year-old male who reported an injury on 07/15/2006. He sustained injuries to the left knee when the injured worker fell while doing the air conditioner. The injured worker's treatment history included chiropractic treatment, home exercise program, medications, physical therapy, TENS unit, and H wave unit. Within the documentation submitted, it was noted the injured worker started the home use of the H wave on 01/20/2014 two times a day for 45 minutes for 130 days. The device was used for both knees and helped more than the prior treatments. The injured worker was still on medication at that time of H wave usage. However, the H wave allowed the injured worker to walk further, sit longer, sleep better, and stand longer. The injured worker had 40% improvement from H wave unit and felt comfortable using the equipment. The injured worker reported the ability to perform more activity and greater overall function due to the H wave device. In the documentation submitted, it was noted that the injured worker had physical therapy with no improvement and transcutaneous electrical nerve stimulation (TENS) unit at home for 5 months, which did not provide adequate relief or benefit. The injured worker was evaluated on 05/15/2014 and it was documented the injured worker sufficiently improved with conservative care. The use of H wave has shown to benefit and with evidence based treatment that focused on functional restoration. The Request for Authorization dated 05/15/2014 was for the purchase of home H wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H Wave Device purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE Page(s): 118.

Decision rationale: The request for H Wave purchase Homecare System is not medically necessary. California MTUS Chronic Pain Medical Treatment Guidelines state that the H wave unit is recommended as an isolated intervention, but can be used on a 30 day trial basis as a noninvasive conservative care option for diabetic neuropathic pain or chronic soft tissue inflammation in conjunction with an evidence based functional restoration program. The injured worker had used the H wave unit on 01/15/2014 for 130 days for his knees. It was noted on the H wave unit Patient Compliance and Outcome Report the injured worker had increased daily activities and sleep. It was noted that the injured worker used the H wave unit 2 times a day for 30 to 45 minutes a day. However, the worker did not have a decreased usage of medication. In addition, the request did not specify the location of use for the H wave unit for the injured worker. The documents submitted failed to indicate the injured worker's long term functional improvement goals and home exercise regimen. Given above, the request for the H wave purchase is not medically necessary.