

Case Number:	CM14-0120975		
Date Assigned:	08/06/2014	Date of Injury:	04/03/2013
Decision Date:	09/17/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/31/2014

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 American Board of Family Practice 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 73 year old female claimant sustained a work injury on 4/3/13 involving the left hip, ankle and rib. She was diagnosed with a left hip sprain, left ankle sprain and left rib contusion. A progress note on 11/12/13 indicated the claimant had back and foot pain. A 30 day evaluation of a H-wave unit was requested due to a TENS (Transcutaneous Electrical Neural Stimulation) unit not indicated for the claimant's goals. Additionally therapy and oral analgesics were recommended. A progress note on 2/6/14 indicated she had been using an H-wave unit for the left hip and ankle and found it useful. Exam findings were notable for tenderness in the left ankle and left iliac crest. Range of motion and strength were preserved. A progress note on 2/13/14 indicated the claimant had continued painful range of motion and activities of daily living and a request was made for an additional 3 months of H-wave therapy. On 5/22/14 a request was made for a Home-H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the MTUS guidelines, a one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review. H-wave may be used only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In this case, there was no recent examination note indicating functional benefit from the prior 6 months of H-wave use. The reason for inability to use a TENS unit is not provided. The request for home H-wave use above is not medically necessary.