

Case Number:	CM14-0123622		
Date Assigned:	08/08/2014	Date of Injury:	07/17/2000
Decision Date:	10/14/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/05/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 55-year-old female who reported an injury on 07/17/2000. The mechanism of injury was not submitted for review. The injured worker has diagnoses of pain in joint of the lower leg and left total knee arthroscopy. Past medical treatment consists of the use of an H wave unit, physical therapy, ESI, surgery, and medication therapy. The injured worker has undergone x-rays and EMG of the lower extremity. On 07/10/2014, the injured worker complained of bilateral knee pain and lower back pain. The patient revealed that the H wave unit was giving 50% pain reduction. It was also increasing the injured worker's ability to function. There was no indication in the submitted report of the injured worker having been tested for range of motion, motor strength, or sensory deficits. The treatment plan is for the injured worker to continue the use of a home H wave device. The provider felt that the use of the device is helping with the injured worker's activities of daily living and reducing medication. The request for authorization form was not submitted for review.

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: 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.

Decision rationale: The request for the purchase of a home H wave device is not medically necessary. The California MTUS Guidelines do not recommend the H wave as an isolated intervention. It may be considered as a noninvasive conservative option for diabetic neuropathy or 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 and medications, plus transcutaneous electrical nerve stimulation. The submitted documentation did not indicate that the injured worker had any numbness or muscle weakness to suggest neuropathic pain. Additionally, it was indicated in the submitted report that the injured worker had the device for 110 days. There was no documented evidence of the efficacy of the machine. Furthermore, the submitted documentation lacked any indication of the injured worker having trialed and failed conservative care. Given the above, the injured worker is not within the California MTUS recommended guidelines. As such, the request for the purchase of a home H wave device is not medically necessary.