

Case Number:	CM14-0124247		
Date Assigned:	09/15/2014	Date of Injury:	09/08/2010
Decision Date:	11/18/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/06/2014

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 Physical Medicine & Rehabilitation 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 43-year-old male with a 9/8/10 date of injury. The mechanism of the injury was not described. The patient underwent right knee meniscectomy on 4/1/14. The patient's compliance and outcome report indicated that the patient was using H-wave for his back, it helped him to sleep better and decreased his medication intake and that he was using the unit twice a day for 30-45 minutes with 30 % improvement with his pain. The patient tried physical therapy (PT) and medications prior to the use of the H- wave unit. The patient was seen on 9/8/14 with complaints of neck pain, lower back pain and right knee pain. The patient rated his pain 2/10 with medications and 6/10 without medications. Exam findings of the lumbar spine revealed restricted range of motion with flexion and extension, tenderness to palpation on the paraspinal muscles and positive lumbar facet-loading test bilaterally. The diagnosis is lumbar radiculopathy, cervical and lumbar facet syndrome, cervical strain and knee pain. Treatments to date include work restrictions, medications, H-wave unit and physical therapy. An adverse determination was received on 7/24/14. The determination letter was not available for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of home H-wave device and system: 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 stimulation (HWT) Page(s): 117-118.

Decision rationale: CA MTUS 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 following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). The progress notes indicated that the patient tried the H-wave unit in the past with the improvement. It was noted that the patient tried physical therapy and medications prior to the H-wave treatment. However, there is a lack of documentation indicating that the patient tried and failed transcutaneous electrical nerve stimulation (TENS) unit. Therefore, the request for purchase of home H-wave device and system is not medically necessary.