MAXIMUS Federal Services

Case Number:	CM14-0126869		
Date Assigned:	08/13/2014	Date of Injury:	02/07/2007
Decision Date:	09/16/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/11/2014

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 Nevada. 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 records, presented for review, indicate that this 60-year-old individual was reportedly injured on 2/7/2007. The mechanism of injury was not listed. The most recent progress note, dated 7/3/2014, indicated that there were ongoing complaints of bilateral knees pain. The last documented physical examination was performed on 5/15/2014, which revealed right knee loss of mobility and positive lateral joint line tenderness. Left knee was with positive tenderness over the peroneal nerve and some scarring was palpable. Left hip had positive tenderness over the greater trochanteric bursa. No recent diagnostic studies are available for review. Previous treatment included physical therapy, medication, and TENS unit. A request had been made for purchase of home H-wave device and was not certified in the pre-authorization process on 7/15/2014.

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: 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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 117-118 OF 127.

Decision rationale: MTUS guidelines will support a one-month HWT (H-Wave Stimulation) for diabetic neuropathic pain and chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following a failure of conservative treatment, physical therapy, medications and transcutaneous electrical nerve stimulation (TENS). Review, of the available medical records, fails to document the criteria required for a one-month trial of H-wave stimulation. After review of the medical documentation, it is noted that this patient did have improvements from the use of the H-wave device; however, guideline criteria was not fully met to include 30 day trial, documented decrease in use of medications as well as increase in function. As such, this request is not considered medically necessary.