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| Case Number: | CM14-0185756 | | |
| Date Assigned: | 11/13/2014 | Date of Injury: | 05/01/2013 |
| Decision Date: | 12/19/2014 | UR Denial Date: | 10/15/2014 |
| Priority: | Standard | Application Received: | 11/07/2014 |

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 Family Medicine 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 49 year old female patient who sustained a work related injury on 5/01/2013. She sustained the injury due to tripped and fall incident. The current diagnoses include cervical disc degeneration, elbow contusion, lumbar strain, knee sprain, cervical sprain, cervical and upper limbs radiculitis, facet arthropathy of the lumbosacral spine, disc bulge/ radiculopathy and status post knee arthroscopy. Per the doctor's note dated 9/26/14, patient had complaints of neck, low back and right knee pain. Physical examination revealed cervical spine- the range of motion in flexion 40 degrees, extension at 30 degrees, active and 40 degrees, passive, lateral flexion at 30 degrees to the left and 35 degrees to the right, palpable spasm and tenderness over the trapezius and cervical paraspinals. The medication list includes Ultram, Soma and Mobic. She has undergone right knee arthroscopy with ACL repair on 09/19/13. She has had cervical spine MRI on 8/8/2014 which revealed 1-2 mm posterior disc protrusions from C2 to C6, disc desiccation from C2 to C6, uncovertebral arthrosis causing moderate to severe right neural foraminal stenosis and impinging the right C6 nerve root; lumbar spine MRI dated 5/6/2014 which revealed 2-3 mm disc protrusion and facet arthropathy at L4-5 and L5-S1 and foraminal narrowing at L4-5; electrodiagnostic studies for the lower extremities on 6/10/14 with normal findings; electrodiagnostic studies for the upper extremities on 5/02/14 with normal findings. She has had physical therapy, home exercise program by doing water aerobics and a transcutaneous electrical nerve stimulation (TENS) unit during physical therapy for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME); H-Wave Unit (for home use) quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 117-118.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines-H-wave stimulation (HWT) is "Not recommended as an isolated intervention, but a one-month home-based trial of H Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Evidence of diabetic neuropathy is not specified in the records provided. The records provided do not specify a response to previous conservative therapy including TENS and pharmacotherapy for this diagnosis. Evidence of failure of conservative therapy including physical therapy is not specified in the records provided. The medical necessity for DME; H-Wave Unit (for home use) quantity 1, is not fully established for this patient at this juncture. Therefore, durable medical equipment (DME); H-Wave Unit (for home use) quantity 1 is not medically necessary and appropriate.