

Case Number:	CM14-0029309		
Date Assigned:	06/20/2014	Date of Injury:	04/12/2013
Decision Date:	07/17/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/07/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 39-year-old male who reported an injury on 04/12/2013. The mechanism of injury is unknown. On 01/20/2012, the injured worker had a post-operative arthroscopy of the right knee. On 01/21/2014, it was noted the patient complained of right knee pain. It was noted the injured worker had impaired range of motion and activities of daily living. The diagnoses of the injured worker included lumbar spine and right knee. On 01/21/2014, a physical examination, was not provided and no medications were listed for the injured worker. The treatment plan included a decision for a one month use of H-Wave unit [REDACTED]. There was no authorization submitted with this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) MONTH HOME USE OF H-WAVE UNIT [REDACTED] BETWEEN 1/21/2014 AND 5/8/2014: 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 Chronic Pain Medical Treatment H-Wave Page(s): 118.

Decision rationale: The request for the one Home H-Wave Device for one month use evaluation is not certified. The California (MTUS) Chronic Pain Medical Treatment Guidelines states that the H-wave unit is recommended an isolated intervention but can be used on a thirty day trial basis as a non-invasive conservative care option for diabetic neuropathic pain or chronic soft tissue inflammation in conjunction to evidence -based functional restoration program. In this case, there is lack of documentation to support the injured worker conservative care, including active modalities, such as physical therapy. There was lack of evidence documented on the last physical exam using the visual analog scale (VAS) scale documented for his right knee pain. There was no evidence of physical/ orthopedic or a neurological examination provided with the request. In addition, the request does not include duration frequency, or specify location where the H-Wave Device will be used on the injured worker. Given the above, the request is not certified.