MAXIMUS Federal Services

Case Number:	CM14-0033330		
Date Assigned:	06/20/2014	Date of Injury:	09/24/2010
Decision Date:	07/22/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/17/2014

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 Occupational 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:

The applicant is a represented [redacted] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 24, 2010. Thus far, the applicant has been treated with analgesic medications, attorney representation, earlier knee arthroscopy in 2011, unspecified amounts of physical therapy over the course of the claim, viscosupplementation injections, opioids and sleep aids. In a Utilization Review Report dated February 27, 2014, the claims administrator denied a request for a purchase of an H-Wave device. The claims administrator did not, however, incorporate cited guidelines into its rationale.The applicant's attorney subsequently appealed. A September 5, 2013 progress note was notable for comments that the applicant was using Norco, Butrans, and Ambien for ongoing complaints of knee pain and derivative complaints of insomnia. It appears that the H-Wave device was requested by the applicant's physical therapist and device vendor and various handwritten forms, including those dated July 16, 2013, in which it was stated that the applicant's usage of an H-Wave device had diminished pain levels and facilitated the applicant's walking further and sleeping better. The documentation was highly templated and comprised largely of preprinted checkboxes. A later note of January 30, 2014 stated that the applicant had used the H-Wave device for 148 days and that the device was beneficial. In a progress note dated December 10, 2013, however, the applicant was described as "not currently working." The applicant was a former sleep technician specialist, it was stated. The applicant was still using Butrans, Ambien, and Norco, it was stated. The applicant was again placed off of work, on total temporary disability.

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 TENS.

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

Decision rationale: As noted on page 118 of the California MTUS Chronic Pain Medical Treatment Guidelines, usage of an H-Wave device beyond a one-month trial should be predicated on evidence of favorable outcomes in terms of both pain relief and function following introduction of the same. In this case, however, the applicant remains off of work, on total temporary disability, despite introduction of H-Wave device. The applicant continues to remain highly reliant and highly dependent on opioid agents, including Norco and Butrans. All of the above, taken together suggests that 148 days of usage of the H-Wave device has not generated any functional improvement in terms of the parameters established in MTUS 9792.20f. Therefore, the request is not medically necessary.