

Case Number:	CM14-0033873		
Date Assigned:	06/20/2014	Date of Injury:	05/28/2010
Decision Date:	07/18/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/18/2014

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 and Rehabilitation and is licensed to practice in Minnesota. 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 38-year-old male who reported an injury on 05/28/2010 due to an unknown mechanism. The injured worker had used the H-Wave unit on 2/20/2014 for 76 days with a date of survey on the H-Wave Unit on 05/07/2014 for his arms. It was noted on the H-Wave Unit patient compliance and outcome report the injured worker that it decreased the injured worker medication usage, increased daily activities and increased sleep. It was noted that the injured worker used the H-Wave Unit 2 times for 30-45 minutes a day. It was noted the H-Wave Unit gave him 50% relief from pain. On 04/10/2014 the injured worker tolerated physical therapy treatments/therapeutic activity with minimal complaints of pain and difficulty of the right knee and bilateral elbow. On 04/10/2014 it was noted that the injured worker subjective examination was unchanged and the objective examination had no new abnormalities noted. The injured worker treatments included aerobic conditioning for 10 minutes upper body ergometer, electric stim 15 minutes with moist heat, ultrasound for 16 minutes on the medial elbow and posterior shoulder. The injured worker medication was not included for this review. The injured worker diagnoses includes bilateral elbow and right knee pain. On 05/06/2014 the injured worker complained of bilateral arms and right knee pain. It was noted that the injured worker had improved on arm/shoulder pain. He had completed physical therapy sessions and the ketoprofen cream helps reduce pain. It was noted the injury worker is currently not on any medications. It was also noted the injured worker is working fulltime with no restrictions. On 05/06/2014 the physical examination revealed right elbow tenderness to palpation at olecranon process range of motion was within normal limits. The left shoulder was tender at the AC joint, injured worker wined with palpation range of motion was within normal limits. It was noted the left elbow was tender at the medial epicondyle. The right knee was tender to palpation range of motion was

within normal limits. The treatment plan included a decision for H-Wave purchase Homecare system. The authorization for request was submitted on 04/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave purchase Homecare System: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

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

Decision rationale: California (MTUS) Chronic Pain Medical Treatment Guidelines states that the H-wave unit is recommended an isolated intervention but can be used on a 30 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. The injured worker had used the H-Wave unit on 2/20/2014 for 76 days with a date of survey on the H-Wave Unit on 05/07/2014 for his arms. It was noted on the H-Wave Unit patient compliance and outcome report the injured worker that it decreased the injured worker medication usage, increased daily activities and increased sleep. It was noted that the injured worker used the H-Wave Unit 2 times a day for 30-45 minutes a day. . The injured worker diagnoses includes bilateral elbow and right knee pain. On 04/10/2014 it was noted that the injured worker subjective examination was unchanged and the objective examination had no new abnormalities noted. On 05/06/2014 the injured worker complained of bilateral arms and right knee pain. It was noted that the injured worker had improved on arm/shoulder pain. He had completed physical therapy sessions and the ketoprofen cream helps reduce pain. It was noted the injury worker is currently not on any medications. It was also noted the injured worker is working fulltime with no restrictions. The documentation that was provided for the injured worker does not give sufficient rationale why the injured worker would need to the purchase of the H-Wave Homecare System for purchase. In addition, it was noted that the injured worker has improved on functional deficits and has returned back to work full time with no restrictions and the request did not specify the location of use for the H-Wave unit for the injured worker. Given above, the request for the H-Wave purchase Homecare System is not medically necessary and appropriate.