

Case Number:	CM14-0038940		
Date Assigned:	06/27/2014	Date of Injury:	09/17/2011
Decision Date:	08/15/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/02/2014

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 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 injured worker is a 45 year-old female who was reportedly injured on 9/17/2011. The mechanism of injury is noted as continuous walking. The most recent progress note dated 5/9/2014, indicates that there are ongoing complaints of bilateral lower extremity pain. The physical examination demonstrated left ankle: positive tenderness is noted over dorsum, and 3+ to light touch over lateral malleolus shin and positive antalgic gait. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, medications, H wave, transcutaneous electrical nerve stimulation unit and conservative treatment. A request was made for home H wave device (purchase), and was not certified in the pre-authorization process on 3/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of one (1) 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 Page(s): 117-118.

Decision rationale: California Medical Treatment Utilization Schedule guidelines will support HWT (H-Wave Stimulation) greater than one month justified with documentation submitted for review. While H-Wave and other similar type devices can be useful for pain management, they are most successfully used as a tool in combination with functional improvement. After review of the medical records provided it is noted in the history of present illness the injured worker has tried a transcutaneous electrical nerve stimulation unit and H wave device, and states it is not effective. Therefore this request is deemed not medically necessary.