MAXIMUS Federal Services

Case Number:	CM14-0043714		
Date Assigned:	07/02/2014	Date of Injury:	10/22/2013
Decision Date:	08/20/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/10/2014

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 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 injured worker is a 51-year-old female who reported an injury on 10/22/2013; the mechanism of injury was not provided. On 03/13/2014, the injured worker presented with complaints of pain and impaired range of motion and exhibited impaired activities of daily living. The diagnosis was lumbosacral neuritis. Therapies included a transcutaneous electrical nerve stimulation (TENS) unit trial, physical therapy and medications. The provider recommended a home H-Wave therapy device to reduce or eliminate pain, as a preventative method to eliminate the need for oral medications, decrease or prevent muscle spasms and muscle atrophy, improve functional capacity and activities of daily living, improve circulation and provide a self-management tool for the injured worker. The Request for Authorization form was dated 03/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

(DME) Home H-Wave Therapy Device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 116-117.

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

Decision rationale: The request for a durable medical equipment (DME) home H-Wave therapy device is not medically necessary and appropriate. The California MTUS Guidelines do not recommend an H-Wave therapy unit as an isolated intervention. It may be considered as a noninvasive conservative option for diabetic neuropathy or chronic soft tissue inflammation if used as an adjunct to an evidence-based functional restoration and only following the failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). The medical documentation does not address any numbness or muscle weakness to suggest neuropathic pain. Adequate medical documentation of the injured worker, detailing current deficits to warrant a home H-Wave therapy device was not provided. Additionally, the provider does not indicate if the home H-Wave therapy device was to be rented or purchased in the request as submitted, and the site that the home H-Wave therapy device was intended for was not provided. As such, the request for DME home H-Wave therapy device is not medically necessary.