

Case Number:	CM14-0047535		
Date Assigned:	06/25/2014	Date of Injury:	11/20/2012
Decision Date:	07/29/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/31/2014

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, Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and 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 63 year old male who reported an injury to his left lower extremity on 11/2012. The clinical note dated 05/29/14 indicates the injured worker having completed a full course of conservative therapy. The note also indicates the injured worker utilizing an H-wave unit which was resulting in the injured worker's increasing ability to ride a bicycle and sleep better. The injured worker also reported a decrease in pain. The clinical note dated 12/04/13 indicates the injured worker having previously been utilizing a portable H-wave unit which did result in a decrease in pain and an improved ability to perform home exercises. The injured worker continued with left knee pain. The utilization review dated 03/18/14 resulted in a denial for the use of an H-wave device as insufficient information had been submitted regarding the injured worker's functional improvements to include an objective functional response. The clinical note dated 11/05/13 indicates the injured worker undergoing therapeutic interventions at that time. The injured worker rated his pain as 10/10. The note does indicate the injured worker having undergone a home exercise program as well. The injured worker was able to demonstrate 0 to 129 degrees of range of motion at the right knee and 0 to 121 degrees of range of motion at the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PURCHASE HOME 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 H-WAVE STIMULATION Page(s): 117.

Decision rationale: The documentation provided indicates the injured worker complaining of knee pain. The use of an H-wave unit is indicated for injured workers who have undergone a 30 day trial of an H-wave unit resulting in an objective functional improvement. No objective data was submitted confirming the injured worker's response to the use of this device. There are subjective statements in the clinical notes indicating the injured worker had a reduction in pain with an improvement in functional abilities. However, without objective data in place supporting the positive response of a trial of an H-wave unit, this request is not indicated as medically necessary.