

Case Number:	CM14-0053208		
Date Assigned:	07/07/2014	Date of Injury:	05/14/2013
Decision Date:	08/29/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/21/2014

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 records presented for review indicate that this 56 year-old female was reportedly injured on 5/14/2013. The mechanism of injury is noted as a direct impact injury. The most recent progress note, dated 5/7/2014, indicates that there are ongoing complaints of bilateral hip and left knee pain. The physical examination demonstrated lumbar spine: range of motion within normal limits, bilateral hip range of motion within normal limits. Bilateral knees: left knee positive tenderness to palpation at the telephone joint. Mild laxity of the lateral collateral ligament bilaterally is noted. Diagnostic imaging studies of x-rays of bilateral knees which reveal slight medial joint space narrowing. Previous treatment includes physical therapy, medication, and conservative treatment. A request was made for H-wave device for home use, and was not certified in the pre-authorization process on 3/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of H-Wave Device for Home Use: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118 of 127.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) 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. The injured worker has a documented left knee injury. Review of the medical records, documents normal range of motion with minimal tenderness, no swelling or weakness noted. Without further justification on physical exam, this request is not considered medically necessary.