

Case Number:	CM14-0076439		
Date Assigned:	07/18/2014	Date of Injury:	08/27/2013
Decision Date:	08/29/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/27/2014

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 40-year-old male who was reportedly injured on August 27, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated May 2, 2014, indicates that there was a complaint of pain and impaired range of motion although it is not stated with which body part. There was also stated to be impaired ability to perform activities of daily living and failure of the use of a transcutaneous electrical nerve stimulation unit. No physical examination was performed on this date. A prior notes dated April 29, 2014, indicate that there were complaints of right ankle pain which was improved after completing physical therapy. Current medications were stated to include Norco, hydrocodone/APAP and Viagra. The physical examination demonstrated a mild joint effusion and a mild antalgic gait. Joint line tenderness was noted. There was no atrophy, instability or subluxation. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy, the use of a transcutaneous electrical nerve stimulation unit, and a 30 day trial of an H wave unit. A request was made for an H wave device and was not certified in the pre-authorization process on May 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 118.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines will support a one-month HWT (H-Wave Stimulation) for diabetic neuropathic pain and chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following a failure of conservative treatment, physical therapy, medications and transcutaneous electrical nerve stimulation (TENS). According to the medical record the injured employee stated not to have failed but rather has benefited from physical therapy. Additionally, there is no documentation of any benefit from the recently completed 30 day H wave unit trial. Continued use of an H wave unit cannot be justified without any objectively documented benefit during the trial period. For these reasons this request for an H wave device is not medically necessary.