MAXIMUS Federal Services

Case Number:	CM14-0079515		
Date Assigned:	07/18/2014	Date of Injury:	06/05/2012
Decision Date:	08/25/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/30/2014

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 55-year-old female with a reported injury on 06/05/2012. The mechanism of injury was a fall down stairs. The diagnoses consisted of co morbidity, peripheral vascular disease, obesity, arthritis to the knee, and hypertension. The injured worker was previously treated with an H-wave, injections, physical therapy, and chiropractic treatment. The injured worker has had a previous right knee replacement surgery, the date of which was not provided. Per the documentation a home H-wave device was purchased on 11/07/2013. The clinical note dated 05/28/2014 noted the injured worker was awaiting a decision for a total knee arthroscopy surgery for the left knee. Upon examination, it was reported that the injured worker's right and left knees both had no significant change. There was tenderness over the lateral aspect of the left foot. The injured worker's medication list included verapamil, albuterol, Qvar, Nitro-Dur patch, niacin, Zofran, Prilosec, and ibuprofen. The plan of treatment included recommendations for a home H-wave device system. The rationale is to reduce and eliminate pain, reduce and prevent the need for oral medications, decrease the muscle spasms, improve functional capacity of the activities of daily living, improve circulation, and decrease the congestion in the injured region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines ; H-wave stimulation (HWT) Page(s): pafes 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-118.

Decision rationale: The California MTUS Guidelines do not recommend the H-wave stimulation as an isolated intervention, but a one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The guidelines note the one-month H-wave trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits of the unit, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. There is no evidence that the device would be used with an evidence based program of functional restoration. There is no evidence indicating the injured worker has failed treatment with physical therapy. There is no evidence indicating a transcutaneous electrical nerve stimulation device has been used and was ineffective. Furthermore, it was noted that the H-wave device has already been purchased in 11/07/2013. Therefore, the request for the home H-wave device purchase is not medically necessary.