

Case Number:	CM14-0087467		
Date Assigned:	07/23/2014	Date of Injury:	10/03/2013
Decision Date:	08/28/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/11/2014

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 35-year-old female with a reported date of injury on 10/03/2013. The mechanism of injury was not provided within the documentation available for review. The injured worker's diagnoses included right knee osteoarthritis. Conservative care included physical therapy, the use of a cane, and the use of an H-Wave unit. Diagnostic studies and surgical history were not provided within the documentation available for review. The injured worker's subjective complaints and objective clinical findings were not provided within the documentation. The injured worker presented with decreased pain and positive results from the H-Wave unit. Plan of care was to continue with strength and flexibility training. The injured worker's medication regimen included taking Vicodin.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

Decision rationale: The California MTUS Guidelines state that transcutaneous electrotherapy represents the therapeutic use of electricity is another modality that can be used in the treatment

of pain. The guidelines do not recommend transcutaneous electrical nerve stimulation as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS includes documentation of pain of at least 3 months' duration; there is evidence that other appropriate pain modalities have been tried, including medication, and failed; a 1-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach), with documentation of how often the unit was used, as well as outcome in terms of pain relief and function; rental would be preferred over purchase during this trial period. Other ongoing treatment should also be documented during the trial period, including medication usage. The clinical information provided for review lacks documentation related to the injured worker's functional deficits to include range of motion values and the utilization of the visual analog pain scale. The clinical information lacks documentation related to the medication usage. In addition, the information lacks documentation related to how often the unit was used, as well as outcomes in terms of pain relief and function. In addition, the request as submitted failed to provide the frequency and specific site at which the H-Wave was to be utilized. Therefore, the request for home H-Wave device purchase is not medically necessary.